

**Fill in this information to identify the case:**

Debtor name Fox Subacute at Mechanicsburg, LLC

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number (if known) 1:19-bk-04714

☐ Check if this is an amended filing

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

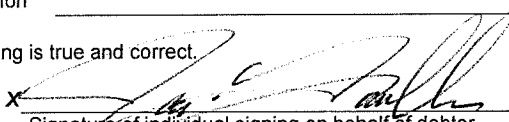
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/4/19

x   
Signature of individual signing on behalf of debtor

**James M. Foulke**  
Printed name

**President**  
Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **Fox Subacute at Mechanicsburg, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **1:19-bk-04714**☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**  
Copy line 88 from *Schedule A/B*..... \$ **0.00**

**1b. Total personal property:**  
Copy line 91A from *Schedule A/B*..... \$ **5,167,139.15**

**1c. Total of all property:**  
Copy line 92 from *Schedule A/B*..... \$ **5,167,139.15**

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)  
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **5,500,000.00**

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**  
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

**3b. Total amount of claims of nonpriority amount of unsecured claims:**  
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **9,400,376.63**

**4. Total liabilities** ..... \$ **14,900,376.63**  
Lines 2 + 3a + 3b

**Fill in this information to identify the case:**Debtor name **Fox Subacute at Mechanicsburg, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **1:19-bk-04714**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Peoples Bank****Checking - Concentration****\$235,559.88**3.2. **Peoples Bank****Checking - Operating****\$0.00**3.3. **Peoples Bank****Checking - Payroll****\$0.00**3.4. **First National Bank****Checking - Concentration****\$500,082.39**3.5. **First National Bank****Checcking - Payroll****\$0.00**3.6. **First National Bank****Checking - Operating****\$0.00**3.7. **Peoples Bank****Lock Box (Gov)****\$0.00**

Debtor Fox Subacute at Mechanicsburg, LLC  
Name

Case number (If known) 1:19-bk-04714

3.8. Peoples Bank Lock Box (Non-Gov) \$0.00

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

\$735,642.27

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**Part 2: Deposits and Prepayments**

6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

7.1. FSA Realty \$27,008.00

7.2. Delcrest \$1,898.67

7.3. Delcrest \$1,297.16

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

9. **Total of Part 2.**

\$30,203.83

Add lines 7 through 8. Copy the total to line 81.

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable (See Attached List)**

11a. 90 days old or less: 4,035,080.22 - 0.00 = .... \$4,035,080.22  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

\$4,035,080.22

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

Facility #:

Fox Subacule at Mechanicsburg

Facility Code: 01

Date: Nov 27, 2019

A/R Aging Report

User: JSVan

Time: 10:40:17 ET

October 2019

Page 1 of 17

Resident: All Status: Both Aging Type: A/R Aging Age By: Service Date Buckets: PCC Default Balance Filter Options: All Payers: All

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
MCP	Total	\$1,575.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,575.00
	Total	\$1,575.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,575.00
	PL	\$2,382.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,382.48
	Total	\$2,382.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,382.48
	PL	\$12,884.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,884.82
PL	Total	\$12,884.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,884.82
	PL	\$5,715.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,715.87
	Total	\$5,715.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,715.87
	HMA	\$2,785.73	\$0.00	\$20,361.60	(\$21,502.43)	\$289.36	\$3,637.20	\$0.00	\$0.00	\$0.00	\$0.00
	MP	\$2,091.69	\$0.00	\$1,251.03	\$0.00	\$0.00	\$840.66	\$0.00	\$0.00	\$0.00	\$0.00
Total	Total	\$4,877.42	\$0.00	\$21,612.63	(\$21,502.43)	\$289.36	\$4,477.86	\$0.00	\$0.00	\$0.00	\$0.00
	PP	\$22,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,175.00	\$6,475.00	\$5,550.00
	Total	\$22,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,175.00	\$6,475.00	\$5,550.00
	MA	\$19,163.91	\$0.00	\$12,927.31	\$1,128.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,108.60
	MAM	\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,400.00
PL	Total	\$12,876.56	\$0.00	\$0.00	\$0.00	\$840.66	\$1,128.00	\$1,128.00	\$1,128.00	\$1,128.00	\$7,523.90
	Total	\$45,440.47	\$0.00	\$12,927.31	\$1,128.00	\$840.66	\$1,128.00	\$1,128.00	\$1,128.00	\$1,128.00	\$26,032.50
	MAM	\$3,350.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,350.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$3,350.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,350.00	\$0.00	\$0.00	\$0.00	\$0.00
	MA	\$11,729.16	\$0.00	\$11,729.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MAM	Total	\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,517.50	\$5,025.00	\$4,857.50
	MCA	\$488.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$488.83	\$0.00	\$0.00
	PL	\$3,594.45	\$0.00	\$1,198.15	\$1,198.15	\$1,198.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$29,212.44	\$0.00	\$12,927.31	\$1,198.15	\$1,198.15	\$0.00	\$0.00	\$4,006.33	\$5,025.00	\$4,857.50
	MP	\$4,825.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,825.44	\$0.00	\$0.00	\$0.00
PP	Total	\$226.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$226.23	\$0.00	\$0.00	\$0.00
	Total	\$5,051.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,051.67	\$0.00	\$0.00	\$0.00
	GMR	\$5,805.60	\$0.00	\$0.00	\$0.00	\$700.40	\$1,153.60	\$2,921.60	\$1,030.00	\$0.00	\$0.00
	MP	\$16,289.95	\$0.00	\$12,927.31	\$2,521.98	\$0.00	\$840.66	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$22,095.55	\$0.00	\$12,927.31	\$2,521.98	\$700.40	\$1,994.26	\$2,921.60	\$1,030.00	\$0.00	\$0.00
PL	Total	\$5,707.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,707.00
	Total	\$5,707.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,707.00
	MAM	\$11,710.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,710.50
	PL	\$10,022.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,022.10
	Total	\$21,732.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,732.60
MAM	Total	\$1,878.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,878.50
	Total	\$1,878.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,878.50
	MAP	\$1,172.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,172.50	\$0.00
	Total	\$1,172.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,172.50	\$0.00
	Total	\$1,172.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,172.50	\$0.00

Facility #:

Date: Nov 27, 2019

Time: 10:40:17 ET

Fox Subacute at Mechanicsburg

A/R Aging Report

Facility Code: 01

User: JSVan

October 2019

Page 2 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
MCP	MCP	\$10,857.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,857.00
	Total	\$10,857.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,857.00
	MAM	\$12,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,600.00
	Total	\$12,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,600.00
	MA	\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MAM	Total	\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MAM	\$7,039.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,039.50
	PL	\$7,060.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,060.00
	Total	\$14,099.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,099.50
	MAM	\$7,875.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,875.00
PL	Total	\$7,875.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,875.00
	PL	\$4,037.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,037.70
	Total	\$4,037.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,037.70
	MAP	\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,400.00
	PL	\$25,797.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,797.35
Total	Total	\$39,197.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,197.35
	MA	\$12,064.31	\$0.00	\$12,064.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MAM	\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,400.00
	MCB	\$604.20	\$0.00	\$604.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	PL	\$12,720.00	\$0.00	\$863.00	\$863.00	\$863.00	\$863.00	\$863.00	\$863.00	\$838.00	\$6,704.00
Total	Total	\$38,788.51	\$0.00	\$13,531.51	\$863.00	\$863.00	\$863.00	\$863.00	\$863.00	\$838.00	\$20,104.00
	MAM	\$5,040.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,040.00
	Total	\$5,040.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,040.00
	HMB-PART	(\$37.58)	\$0.00	\$0.00	\$0.00	(\$37.58)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	PL	\$0.00	\$0.00	\$0.00	\$0.00	\$39.00	(\$39.00)	\$0.00	\$0.00	\$0.00	\$0.00
Total	Total	(\$37.58)	\$0.00	\$0.00	\$0.00	\$1.42	(\$39.00)	\$0.00	\$0.00	\$0.00	\$0.00
	PL	\$8,201.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,201.43
	Total	\$8,201.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,201.43
	PL	\$3,567.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,567.00
	Total	\$3,567.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,567.00
PP	PP	\$26,825.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,825.00
	Total	\$26,825.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,825.00
	MA	\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MAP	\$2,010.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,010.00
	Total	\$14,937.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,010.00
MAI	MAI	(\$129.00)	\$0.00	\$0.00	\$0.00	\$0.00	(\$45.00)	(\$84.00)	\$0.00	\$0.00	\$0.00
	MP	\$1,260.99	\$0.00	\$0.00	\$0.00	\$0.00	\$1,260.99	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$1,131.99	\$0.00	\$0.00	\$0.00	\$0.00	\$1,215.99	(\$84.00)	\$0.00	\$0.00	\$0.00
	HMA	\$280.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$280.02	\$0.00	\$0.00
	Total	\$280.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$280.02	\$0.00	\$0.00

Facility #:

Date: Nov 27, 2019

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Fox Subacute at Mechanicsburg

A/R Aging Report

Facility Code: 01

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October 2019

Page 3 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
[REDACTED]	MAP	\$11,557.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,557.50
	Total	\$11,557.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,557.50
	MAP	\$4,112.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,112.50
	Total	\$4,112.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,112.50
	PL	\$3,822.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,822.00
	Total	\$3,822.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,822.00
	MCL	\$27,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27,000.00
	Total	\$27,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27,000.00
	MAP	\$2,391.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,391.14
	Total	\$2,391.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,391.14
[REDACTED]	MAM	\$3,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,800.00
	Total	\$3,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,800.00
	GWM	\$24,750.00	\$0.00	\$6,600.00	\$18,150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,800.00
	MP	\$6,672.16	\$0.00	\$6,672.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$31,422.16	\$0.00	\$13,272.16	\$18,150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MP	\$21,436.83	\$0.00	\$0.00	\$0.00	\$8,826.93	\$12,609.90	\$0.00	\$0.00	\$0.00	\$0.00
	PP	\$2,775.00	\$0.00	\$0.00	\$0.00	\$0.00	\$925.00	\$1,850.00	\$0.00	\$0.00	\$0.00
	Total	\$24,211.83	\$0.00	\$0.00	\$0.00	\$8,826.93	\$13,534.90	\$1,850.00	\$0.00	\$0.00	\$0.00
	PL	\$801.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$801.00
	Total	\$801.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$801.00
[REDACTED]	PP	\$32,695.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32,695.29
	Total	\$32,695.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32,695.29
	MAP	(\$84.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$170.00	(\$254.00)	\$0.00	\$0.00
	Total	(\$84.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$170.00	(\$254.00)	\$0.00	\$0.00
	MAI	\$6,197.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,197.50
	Total	\$6,197.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,197.50
	PL	\$2,613.22	\$0.00	\$0.00	\$0.00	\$2,613.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$2,613.22	\$0.00	\$0.00	\$0.00	\$2,613.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MAP	\$3,852.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,852.50
	Total	\$3,852.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,852.50
[REDACTED]	MAI	\$2,177.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,177.50
	Total	\$2,177.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,177.50
	MA	\$11,250.91	\$0.00	\$11,250.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	PL	\$16,432.70	\$0.00	\$1,676.40	\$1,676.40	\$1,676.40	\$1,676.40	\$511.40	\$511.40	\$511.40	\$8,192.90
	Total	\$27,683.61	\$0.00	\$12,927.31	\$1,676.40	\$1,676.40	\$1,676.40	\$511.40	\$511.40	\$511.40	\$8,192.90
	MAM	\$11,561.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,561.00
	PL	\$2,045.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,045.00
	Total	\$13,606.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,606.00
	HMA-	\$80,791.32	\$0.00	\$20,362.04	\$19,705.20	\$20,362.04	\$20,362.04	\$0.00	\$0.00	\$0.00	\$0.00
	UNLMT	\$80,791.32	\$0.00	\$20,362.04	\$19,705.20	\$20,362.04	\$20,362.04	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$80,791.32	\$0.00	\$20,362.04	\$19,705.20	\$20,362.04	\$20,362.04	\$0.00	\$0.00	\$0.00	\$0.00
[REDACTED]	MBP	\$436.75	\$0.00	\$107.67	\$140.68	\$188.38	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$436.75	\$0.00	\$107.67	\$140.68	\$188.38	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00

Facility #:

Fox Subacute at Mechanicsburg

Facility Code: 01

Date: Nov 27, 2019

A/R Aging Report

User: JSVan

Time: 10:40:17 ET

October 2019

Page 4 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
MCB		\$1,756.86	\$0.00	\$430.76	\$562.86	\$753.72	\$9.52	\$0.00	\$0.00	\$0.00	\$0.00
MP		\$100,885.95	\$0.00	\$12,927.31	\$12,609.90	\$13,030.23	\$13,030.23	\$12,063.60	\$12,465.72	\$12,063.60	\$12,695.36
Total		\$103,079.56	\$0.00	\$13,465.74	\$13,313.44	\$13,972.33	\$13,039.77	\$12,063.60	\$12,465.72	\$12,063.60	\$12,695.36
MA		\$12,985.81	\$0.00	\$12,927.31	\$58.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MCB		\$86.68	\$0.00	\$0.00	\$86.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PL		\$3,282.00	\$0.00	\$0.00	\$1,094.00	\$1,094.00	\$1,094.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$16,354.49	\$0.00	\$12,927.31	\$1,239.18	\$1,094.00	\$1,094.00	\$0.00	\$0.00	\$0.00	\$0.00
MAI		\$7,560.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,560.00
MP		\$22,826.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,826.44
Total		\$30,386.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,386.44
PL		\$8,878.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,878.00
Total		\$8,878.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,878.00
MAM		\$11,637.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,637.00
PL		\$5,679.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,679.50
Total		\$17,316.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,316.50
MA		\$21,119.31	\$0.00	\$12,927.31	\$919.00	\$919.00	\$919.00	\$919.00	\$919.00	\$919.00	\$2,678.00
MAM		\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,400.00
Total		\$34,519.31	\$0.00	\$12,927.31	\$919.00	\$919.00	\$919.00	\$919.00	\$919.00	\$919.00	\$16,078.00
PL		\$11,684.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,684.05
Total		\$11,684.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,684.05
PL		\$7,175.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,175.12
Total		\$7,175.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,175.12
PL		\$718.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$718.00
Total		\$718.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$718.00
PL		\$2,208.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,208.57
Total		\$2,208.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,208.57
MA		\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MP		\$14,486.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,486.01
Total		\$14,486.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,486.01
MAM		\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,400.00
PL		\$2,948.27	\$0.00	\$0.00	\$0.00	\$0.00	\$1,002.27	\$0.00	\$0.00	\$0.00	\$1,946.00
Total		\$16,348.27	\$0.00	\$0.00	\$0.00	\$0.00	\$1,002.27	\$0.00	\$0.00	\$0.00	\$15,346.00
MAM		\$2,010.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,010.00
Total		\$2,010.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,010.00
MA		\$11,895.86	\$0.00	\$10,436.26	\$1,459.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MAM		\$11,725.00	\$0.00	\$0.00	\$2,512.50	\$5,192.50	\$4,020.00	\$0.00	\$0.00	\$0.00	\$0.00
MCA		\$17,141.32	\$0.00	\$4,667.06	\$11,194.00	\$721.60	\$558.66	\$0.00	\$0.00	\$0.00	\$0.00
MCB		\$1,188.38	\$0.00	\$1,188.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PL		\$406.00	\$0.00	\$406.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PP		\$1,690.00	\$0.00	\$852.50	\$837.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



Facility #:

Date: Nov 27, 2019

Time: 10:40:17 ET

Fox Subacule at Mechanicsburg

A/R Aging Report

October 2019

Facility Code: 01

User: JSVan

Page 5 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
	Total	\$44,046.56	\$0.00	\$17,550.20	\$16,003.60	\$5,914.10	\$4,578.66	\$0.00	\$0.00	\$0.00	\$0.00
	MAM	\$18,544.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,544.00
	Total	\$18,544.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,544.00
	MAM	\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,400.00
	PL	\$862.00	\$0.00	\$0.00	\$0.00	\$0.00	\$862.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$14,262.00	\$0.00	\$0.00	\$0.00	\$0.00	\$862.00	\$0.00	\$0.00	\$0.00	\$13,400.00
	MAM	\$7,537.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,537.50
	Total	\$7,537.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,537.50
	MAM	\$11,286.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,286.45
	Total	\$11,286.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,286.45
	AMR	\$41,403.00	\$0.00	\$18,897.00	\$21,570.00	\$936.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$41,403.00	\$0.00	\$18,897.00	\$21,570.00	\$936.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	PL	\$3,892.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,892.00
	Total	\$3,892.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,892.00
	MAM	\$12,160.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,160.00
	PL	\$3,726.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,726.00
	Total	\$15,886.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,886.00
	MAM	\$7,560.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,560.00
	PL	\$2,570.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,570.60
	Total	\$10,130.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,130.60
	MAM	\$837.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$837.50
	Total	\$837.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$837.50
	PL	\$12,029.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,029.88
	Total	\$12,029.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,029.88
	HBC	\$31,659.73	\$0.00	\$30,252.60	\$0.00	(\$1,322.55)	\$2,729.68	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$31,659.73	\$0.00	\$30,252.60	\$0.00	(\$1,322.55)	\$2,729.68	\$0.00	\$0.00	\$0.00	\$0.00
	HMA-UNLMT	\$58,118.88	\$0.00	\$20,362.04	\$17,394.80	\$20,362.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	HMB-PART	\$26,646.28	\$0.00	\$4,344.30	\$2,367.67	\$0.00	\$162.51	\$1,167.98	\$1,149.02	\$897.84	\$16,556.96
	Total	\$84,765.16	\$0.00	\$24,706.34	\$19,762.47	\$20,362.04	\$162.51	\$1,167.98	\$1,149.02	\$897.84	\$16,556.96
	GWM	\$16,150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,150.00
	Total	\$16,150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,150.00
	MA	\$2,539.75	\$0.00	\$0.00	\$1,480.04	\$1,059.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MCB	\$3,452.11	\$0.00	\$0.00	\$1,420.44	\$2,031.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	PL	\$7,820.48	\$0.00	\$0.00	\$0.00	\$420.33	\$0.00	\$1,480.03	\$1,480.03	\$1,480.03	\$2,960.06
	PP	(\$1,370.64)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$171.10)	(\$372.01)	(\$415.21)	(\$412.32)
	Total	\$12,441.70	\$0.00	\$0.00	\$2,900.48	\$3,511.71	\$0.00	\$1,308.93	\$1,108.02	\$1,064.82	\$2,547.74
	PP	\$12,025.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,025.00
	Total	\$12,025.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,025.00

Facility #:

Fox Subacute at Mechanicsburg

Facility Code: 01

Date: Nov 27, 2019

A/R Aging Report

User: JSVan

Time: 10:40:17 ET

October 2019

Page 6 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
MAM		\$9,184.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,184.00
Total		\$9,184.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,184.00
PP		\$7,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,400.00
Total		\$7,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,400.00
MA		\$12,397.31	\$0.00	\$12,397.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PL		\$2,120.00	\$0.00	\$530.00	\$530.00	\$530.00	\$530.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$14,517.31	\$0.00	\$12,927.31	\$530.00	\$530.00	\$530.00	\$0.00	\$0.00	\$0.00	\$0.00
MAM		\$6,124.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,124.51
PL		\$326.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$326.00
Total		\$6,450.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,450.51
PL		\$6,940.00	\$0.00	\$0.00	\$0.00	\$0.00	\$776.00	\$776.00	\$776.00	\$776.00	\$3,836.00
Total		\$6,940.00	\$0.00	\$0.00	\$0.00	\$0.00	\$776.00	\$776.00	\$776.00	\$776.00	\$3,836.00
MAP		\$10,395.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,395.00
Total		\$10,395.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,395.00
MAM		\$4,560.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,560.00
Total		\$4,560.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,560.00
MA		\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MAI		\$11,497.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,497.50
Total		\$11,497.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,497.50
PP		\$3,517.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,517.50
Total		\$3,517.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,517.50
MAM		\$12,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,600.00
Total		\$12,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,600.00
PL		\$8,933.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,933.11
Total		\$8,933.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,933.11
MAI		\$9,544.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,544.50
Total		\$9,544.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,544.50
MA		(\$115.20)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$115.20)
Total		(\$115.20)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$115.20)
MAM		\$10,804.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,804.00
Total		\$10,804.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,804.00
MAM		\$12,995.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,995.50
PL		\$1,950.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,950.00
Total		\$14,945.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,945.50
MA		\$5,793.40	\$0.00	\$12,927.31	\$0.00	(\$7,133.91)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$5,793.40	\$0.00	\$12,927.31	\$0.00	(\$7,133.91)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PL		\$1,425.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,425.00
Total		\$1,425.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,425.00
PP		\$39,775.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,775.00
Total		\$39,775.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,775.00

Facility #:

Date: Nov 27, 2019

Time: 10:40:17 ET

Fox Subacute at Mechanicsburg

A/R Aging Report

Facility Code: 01

User: JSVan

October 2019

Page 7 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
MAI	MAI	\$1,675.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.00
	Total	\$1,675.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.00
	PL	\$2,948.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,948.00
	Total	\$2,948.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,948.00
	MCP	\$4,857.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,857.50
	PL	\$15,578.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,578.59
	Total	\$20,436.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,436.09
	MAI	\$5,025.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,025.00
	Total	\$5,025.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,025.00
	PL	\$15,111.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,111.54
MP	MP	\$7,145.61	\$0.00	\$0.00	\$0.00	\$7,145.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$7,145.61	\$0.00	\$0.00	\$0.00	\$7,145.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	AER	\$8,904.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,904.00
	Total	\$8,904.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,904.00
	PL	\$1,345.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,345.06
	Total	\$1,345.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,345.06
	MAM	\$9,177.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,177.44
	MCA	\$13,700.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,700.69
	Total	\$22,878.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,878.13
	HMA	\$6,161.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,161.10
PL	PL	\$3,012.55	\$0.00	\$0.00	\$586.91	\$586.91	\$586.91	\$625.91	\$625.91	\$0.00	\$0.00
	Total	\$9,173.65	\$0.00	\$0.00	\$586.91	\$586.91	\$586.91	\$625.91	\$625.91	\$0.00	\$6,161.10
	MA	\$13,169.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,169.10
	MAM	\$9,380.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,380.00
	Total	\$22,549.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,549.10
	MA	\$12,559.31	\$0.00	\$12,559.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	PL	\$1,840.00	\$0.00	\$368.00	\$368.00	\$368.00	\$368.00	\$368.00	\$0.00	\$0.00	\$0.00
	Total	\$14,399.31	\$0.00	\$12,927.31	\$368.00	\$368.00	\$368.00	\$368.00	\$0.00	\$0.00	\$0.00
	PL	\$21,018.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,018.20
	Total	\$21,018.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,018.20
HBC	HBC	(\$1,858.06)	\$0.00	\$0.00	\$3,425.68	(\$5,283.74)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	PP	\$3,952.00	\$0.00	\$0.00	\$608.00	\$3,344.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$2,093.94	\$0.00	\$0.00	\$4,033.68	(\$1,939.74)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MAI	\$10,430.00	\$0.00	\$5,285.50	\$3,015.00	\$0.00	\$472.50	\$1,657.00	\$0.00	\$0.00	\$0.00
	MCA	\$23,669.48	\$0.00	\$23,250.49	\$418.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	PP	(\$1,300.00)	\$0.00	\$0.00	\$0.00	\$0.00	(\$1,300.00)	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$32,799.48	\$0.00	\$28,535.99	\$3,433.99	\$0.00	(\$827.50)	\$1,657.00	\$0.00	\$0.00	\$0.00
	MAM	\$8,718.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,718.50
	PL	\$647.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$647.00
	Total	\$9,365.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,365.50

Facility #:

Date: Nov 27, 2019

Time: 10:40:17 ET

Fox Subacute at Mechanicsburg

A/R Aging Report

Facility Code: 01

User: JSVan

October 2019

Page 8 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
	Total	\$9,365.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,365.50
	MAP	\$3,517.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,517.50
	MP	\$15,396.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,396.08
	Total	\$18,913.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,913.58
	MAM	\$12,920.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,920.00
	Total	\$12,920.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,920.00
	PP	\$4,408.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,408.00
	Total	\$4,408.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,408.00
	MAP	\$4,944.50	\$0.00	\$4,944.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MCA	\$24,011.04	\$0.00	\$23,584.67	\$426.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$28,955.54	\$0.00	\$28,529.17	\$426.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MAM	\$12,880.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,880.00
	PL	\$3,172.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,172.00
	Total	\$16,052.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,052.00
	MCP	\$1,550.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,550.00
	Total	\$1,550.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,550.00
	MA	\$17,899.30	\$0.00	\$11,572.06	\$1,841.00	\$1,841.00	\$1,841.00	\$804.24	\$0.00	\$0.00	\$0.00
	MAM	\$9,718.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,849.00	\$3,351.50	\$3,517.50	\$0.00
	MCA	\$1,373.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$651.77	\$721.60	\$0.00	\$0.00
	Total	\$28,990.67	\$0.00	\$11,572.06	\$1,841.00	\$1,841.00	\$1,841.00	\$4,305.01	\$4,073.10	\$3,517.50	\$0.00
	MA	\$11,238.21	\$0.00	\$11,238.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MCL	\$8,042.40	\$0.00	\$0.00	\$0.00	\$0.00	\$8,042.40	\$0.00	\$0.00	\$0.00	\$0.00
	PL	\$2,294.00	\$0.00	\$1,147.00	\$1,147.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$21,574.61	\$0.00	\$12,385.21	\$1,147.00	\$0.00	\$8,042.40	\$0.00	\$0.00	\$0.00	\$0.00
	HMB-PART B	\$666.90	\$0.00	\$666.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MA	\$14,453.73	\$0.00	\$11,066.73	\$1,129.00	\$1,129.00	\$1,129.00	\$0.00	\$0.00	\$0.00	\$0.00
	PL	\$13,024.06	\$0.00	\$1,860.58	\$1,860.58	\$1,860.58	\$1,860.58	\$1,860.58	\$1,860.58	\$1,860.58	\$0.00
	Total	\$28,144.69	\$0.00	\$13,594.21	\$2,989.58	\$2,989.58	\$2,989.58	\$1,860.58	\$1,860.58	\$1,860.58	\$0.00
	MA	\$1,167.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,167.68	\$0.00	\$0.00	\$0.00
	MAP	\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,680.00	\$5,192.50	\$2,177.50	\$3,350.00
	PP	(\$2,592.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$2,592.00)	\$0.00	\$0.00	\$0.00
	Total	\$11,975.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,255.68	\$5,192.50	\$2,177.50	\$3,350.00
	MAM	\$4,971.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,971.00
	Total	\$4,971.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,971.00
	PL	\$1,694.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,694.94
	Total	\$1,694.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,694.94
	PL	\$3,824.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,824.00
	Total	\$3,824.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,824.00
	MA	\$14,111.31	\$0.00	\$12,927.31	\$1,184.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MAM	\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,400.00

Facility #:

Date: Nov 27, 2019

Time: 10:40:17 ET

Fox Subacute at Mechanicsburg

A/R Aging Report

Facility Code: 01

User: JSVan

October 2019

Page 9 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
MCB		\$1,727.36	\$0.00	\$161.80	\$970.32	\$576.55	\$18.69	\$0.00	\$0.00	\$0.00	\$0.00
PL		(\$1,184.00)	\$0.00	\$0.00	(\$1,184.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$28,054.67	\$0.00	\$13,089.11	\$970.32	\$576.55	\$18.69	\$0.00	\$0.00	\$0.00	\$13,400.00
PL		\$2,905.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,905.02
Total		\$2,905.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,905.02
MA		\$15,019.31	\$0.00	\$12,927.31	\$1,046.00	\$1,046.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PL		\$1,077.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,077.00	\$0.00	\$0.00	\$0.00	\$0.00
PP		\$5,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,100.00
Total		\$21,196.31	\$0.00	\$12,927.31	\$1,046.00	\$1,046.00	\$1,077.00	\$0.00	\$0.00	\$0.00	\$5,100.00
MAM		\$10,680.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,680.00
PL		\$5,222.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,222.00
Total		\$15,902.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,902.00
MAM		\$9,869.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,869.48
Total		\$9,869.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,869.48
MAP		\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$670.00	\$3,350.00	\$5,192.50	\$4,187.50	\$9,869.48
MP		\$12,757.08	\$0.00	\$0.00	\$0.00	\$0.00	\$6,725.28	\$4,021.20	\$0.00	\$2,010.60	\$0.00
Total		\$26,157.08	\$0.00	\$0.00	\$0.00	\$0.00	\$7,395.28	\$7,371.20	\$5,192.50	\$6,198.10	\$0.00
MAM		\$6,290.50	\$0.00	\$5,285.50	\$1,005.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MCA		\$27,456.50	\$0.00	\$24,697.40	\$2,668.04	\$71.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MP		\$2,942.31	\$0.00	\$0.00	\$2,942.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$36,689.31	\$0.00	\$29,982.90	\$6,635.35	\$71.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MAM		\$11,483.00	\$0.00	\$5,285.50	\$5,025.00	\$1,172.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MCA		\$18,828.39	\$0.00	\$17,674.93	\$615.65	\$537.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$30,311.39	\$0.00	\$22,960.43	\$5,640.65	\$1,710.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PL		\$5,508.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,508.00
Total		\$5,508.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,508.00
PL		\$5,593.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,593.62
Total		\$5,593.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,593.62
MA		\$8,662.85	\$0.00	\$6,484.59	\$2,160.71	\$17.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MAM		\$2,512.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,512.50
MCB		\$1,215.00	\$0.00	\$188.21	\$276.35	\$750.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$12,390.35	\$0.00	\$6,672.80	\$2,437.06	\$767.99	\$0.00	\$0.00	\$0.00	\$0.00	\$2,512.50
HMB-PART B		\$1,290.79	\$0.00	\$78.40	\$249.06	\$963.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MP		\$8,340.20	\$0.00	\$8,340.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PP		(\$218.85)	\$0.00	(\$15,800.00)	\$0.00	\$13,350.00	\$2,231.15	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$9,412.14	\$0.00	(\$7,381.40)	\$249.06	\$14,313.33	\$2,231.15	\$0.00	\$0.00	\$0.00	\$0.00
MA		\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PP		\$59,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$59,200.00
Total		\$59,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$59,200.00

Facility #:

Date: Nov 27, 2019

Time: 10:40:17 ET

Fox Subacule at Mechanicsburg

A/R Aging Report

Facility Code: 01

User: JSVan

October 2019

Page 10 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
MCL	Total	\$6,960.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,960.00
	PL	\$11,029.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,029.38
	Total	\$11,029.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,029.38
	MA	\$6,862.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,862.81
	Total	\$6,862.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,862.81
	MA	\$1,891.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,891.11	\$0.00	\$0.00
	PL	\$767.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$767.71
	Total	\$2,658.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,891.11	\$0.00	\$767.71
	MAM	\$10,143.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,143.00
	Total	\$10,143.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,143.00
MA	Total	\$12,720.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,720.41
	Total	\$12,720.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,720.41
	MAM	\$3,783.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,783.50
	Total	\$3,783.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,783.50
	HMA	\$11,170.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,170.64
	PL	\$2,607.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,607.74
	Total	\$13,778.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,778.38
	MA	\$24,162.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24,162.85
	PL	\$5,766.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,766.06
	Total	\$29,928.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29,928.91
INS	Total	\$22,950.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,950.00
	MA	\$1,058.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,058.00
	Total	\$24,008.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24,008.00
	MAM	\$6,254.50	\$0.00	\$3,239.50	\$3,015.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MCA	\$13,719.61	\$0.00	\$12,879.38	\$672.78	\$167.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$19,974.11	\$0.00	\$16,118.88	\$3,687.78	\$167.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	CBR	\$13,467.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,467.00
	PP	\$325.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$325.00
	Total	\$13,792.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,792.00
	PP	\$5,016.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,016.00
MAM	Total	\$5,016.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,016.00
	MAM	\$7,370.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$837.50	\$5,025.00	\$1,507.50
	MCA	\$116.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$116.39	\$0.00	\$0.00
	Total	\$7,486.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$953.89	\$5,025.00	\$1,507.50
	MAM	\$11,311.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,311.00
	PL	\$1,951.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,951.44
	Total	\$13,262.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,262.44
	PL	\$4,748.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,748.61
	Total	\$4,748.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,748.61
	Total	\$4,748.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,748.61

Facility #:

Date: Nov 27, 2019

Time: 10:40:17 ET

Fox Subacule at Mechanicsburg

A/R Aging Report

Facility Code: 01

User: JSVan

Page 11 of 17

Resident Name (ID)	Payer	Future Cash									
		Total +10/19	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19	
MCL	Total	\$14,124.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,124.00	
	Total	\$14,124.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,124.00	
	AER	(\$3,402.00)	\$0.00	\$0.00	\$0.00	(\$3,402.00)	\$0.00	\$0.00	\$0.00	\$0.00	
	Total	(\$3,402.00)	\$0.00	\$0.00	\$0.00	(\$3,402.00)	\$0.00	\$0.00	\$0.00	\$0.00	
	PL	\$4,549.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,549.30	
	Total	\$4,549.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,549.30	
	HMA	(\$48,842.31)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$48,842.31)	
	INS	\$76,603.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$76,603.32	
	MCP	(\$682.50)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$682.50)	
	Total	\$27,078.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27,078.51	
	MA	\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Total	\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	MCL	\$26,184.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,184.24	
	Total	\$26,184.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,184.24	
	HBC	Total	(\$4,522.56)	\$0.00	\$0.00	(\$861.44)	(\$3,661.12)	\$0.00	\$0.00	\$0.00	\$0.00
HMB-PART		\$413.16	\$0.00	\$0.00	\$413.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
MA		\$11,308.68	\$0.00	\$11,308.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
PL		\$3,152.26	\$0.00	\$1,618.63	\$1,533.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
PP		\$7,296.00	\$0.00	\$0.00	\$608.00	\$2,584.00	\$0.00	\$0.00	\$0.00	\$4,104.00	
Total		\$17,847.54	\$0.00	\$12,927.31	\$1,693.35	(\$1,077.12)	\$0.00	\$0.00	\$0.00	\$4,104.00	
GMR		\$782.80	\$0.00	\$0.00	\$0.00	\$453.20	\$329.60	\$0.00	\$0.00	\$0.00	
MP		\$420.33	\$0.00	\$0.00	\$0.00	\$420.33	\$0.00	\$0.00	\$0.00	\$0.00	
Total		\$1,203.13	\$0.00	\$0.00	\$0.00	\$873.53	\$329.60	\$0.00	\$0.00	\$0.00	
PL		\$1,380.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,380.00	
Total		\$1,380.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,380.00	
MAP		\$2,138.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,138.50	
Total		\$2,138.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,138.50	
GWM		\$4,900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,900.00	
Total		\$4,900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,900.00	
HMR	PP	\$7,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,400.00	
	Total	\$53,058.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$53,058.37	
	HMA-UNLMT	\$35,604.92	\$0.00	\$1,313.68	\$13,929.20	\$20,362.04	\$0.00	\$0.00	\$0.00	\$0.00	
	Total	\$35,604.92	\$0.00	\$1,313.68	\$13,929.20	\$20,362.04	\$0.00	\$0.00	\$0.00	\$0.00	
	MAM	\$11,634.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,634.78	
	PL	\$1,005.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,005.80	
	Total	\$12,640.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,640.58	
	MA	\$2,277.15	\$0.00	\$2,189.40	\$29.25	\$58.50	\$0.00	\$0.00	\$0.00	\$0.00	
	MCA	\$361.55	\$0.00	\$0.00	\$361.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	MCP	\$7,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,800.00	

Facility #:

Date: Nov 27, 2019

Time: 10:40:17 ET

Fox Subacute at Mechanicsburg

A/R Aging Report

Facility Code: 01

User: JSVan

October 2019

Page 12 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
PL	PL	\$14,780.00	\$0.00	\$0.00	\$0.00	\$1,078.00	\$1,078.00	\$1,078.00	\$1,078.00	\$1,078.00	\$9,390.00
	PP	\$837.50	\$0.00	\$0.00	\$837.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$26,056.20	\$0.00	\$2,189.40	\$1,228.30	\$1,136.50	\$1,078.00	\$1,078.00	\$1,078.00	\$1,078.00	\$17,190.00
MAM	MAM	\$4,647.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,647.00
	MCA	\$13,022.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,022.54
	PL	\$1,388.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,388.00
MA	Total	\$19,057.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,057.54
	MA	\$34,473.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34,473.95
	Total	\$34,473.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34,473.95
MA	MA	\$9,432.91	\$0.00	\$9,403.66	\$29.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MAP	\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,400.00
	MCB	\$68.68	\$0.00	\$68.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PP	PP	\$4,712.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,712.00
	Total	\$27,613.59	\$0.00	\$9,472.34	\$29.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,112.00
	PL	\$1,273.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,273.70
HMA-	Total	\$1,273.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,273.70
	HMA-	\$7,168.84	\$0.00	\$6,756.00	\$412.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	UNL MIT	\$7,168.84	\$0.00	\$6,756.00	\$412.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MA	MA	\$7,537.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,537.74
	PL	\$7,704.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,704.00
	Total	\$15,241.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,241.74
HAM	HAM	\$9,942.90	\$0.00	\$0.00	\$0.00	\$1,045.20	\$2,961.50	\$5,195.85	\$740.35	\$0.00	\$0.00
	MP	\$23,435.56	\$0.00	\$12,927.31	\$10,508.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	PP	\$9,625.00	\$0.00	\$0.00	\$4,625.00	\$4,675.00	\$325.00	\$0.00	\$0.00	\$0.00	\$0.00
MAI	Total	\$43,003.46	\$0.00	\$12,927.31	\$15,133.25	\$5,720.20	\$3,286.50	\$5,195.85	\$740.35	\$0.00	\$0.00
	MCA	\$7,202.50	\$0.00	\$0.00	\$2,010.00	\$5,192.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	PP	\$1,000.93	\$0.00	\$0.00	\$279.33	\$721.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MCA	PP	\$28,675.00	\$0.00	\$28,675.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$36,878.43	\$0.00	\$28,675.00	\$2,289.33	\$5,914.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MA	\$14,262.43	\$0.00	\$12,927.31	\$1,335.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PL	PL	\$1,220.77	\$0.00	\$0.00	(\$1,294.17)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,514.94
	Total	\$15,483.20	\$0.00	\$12,927.31	\$40.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,514.94
	MAP	\$8,820.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,820.00
MCL	Total	\$8,820.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,820.00
	MCL	\$19,320.00	\$0.00	\$19,320.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MP	\$1,668.04	\$0.00	\$1,668.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MA	Total	\$20,988.04	\$0.00	\$20,988.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MA	\$7,462.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,462.49
	PL	\$2,928.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,928.60
Total	Total	\$10,391.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,391.09



Facility #:

Date: Nov 27, 2019

Time: 10:40:17 ET

Fox Subacute at Mechanicsburg

A/R Aging Report

Facility Code: 01

User: JSVan

October 2019

Page 13 of 17

Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
PL	\$30,960.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,960.24
<b>Total</b>	<b>\$30,960.24</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$30,960.24</b>
CBC	\$40,635.00	\$0.00	\$0.00	\$0.00	\$15,093.00	\$25,542.00	\$0.00	\$0.00	\$0.00	\$0.00
MP	\$10,508.25	\$0.00	\$0.00	\$10,508.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PP	\$18,500.00	\$0.00	\$0.00	\$1,850.00	\$16,650.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$69,643.25</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$12,358.25</b>	<b>\$31,743.00</b>	<b>\$25,542.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
MAP	\$5,527.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,527.50
<b>Total</b>	<b>\$5,527.50</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$5,527.50</b>
MAM	\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,400.00
PL	\$1,212.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,212.00
<b>Total</b>	<b>\$14,612.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$14,612.00</b>
MAI	\$3,481.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,481.50
<b>Total</b>	<b>\$3,481.50</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,481.50</b>
HAM	\$15,861.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,488.00	\$0.00	\$5,373.40	\$0.00
MA	\$9,190.20	\$0.00	\$9,190.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PL	\$10,554.05	\$0.00	\$2,110.81	\$2,110.81	\$2,110.81	\$2,110.81	\$2,110.81	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$35,605.65</b>	<b>\$0.00</b>	<b>\$11,301.01</b>	<b>\$2,110.81</b>	<b>\$2,110.81</b>	<b>\$2,110.81</b>	<b>\$12,598.81</b>	<b>\$0.00</b>	<b>\$5,373.40</b>	<b>\$0.00</b>
HMA	\$2,484.75	\$0.00	\$0.00	\$0.00	\$0.00	\$2,324.77	\$159.98	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$2,484.75</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,324.77</b>	<b>\$159.98</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
GWM	\$18,040.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,040.71
PP	\$469.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$469.50
<b>Total</b>	<b>\$18,510.21</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$18,510.21</b>
HMA	\$42,651.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$473.84	\$22,543.20	\$19,634.40	\$0.00
HMB-PART B	\$3,099.55	\$0.00	\$1,365.58	\$0.00	\$30.46	\$996.83	\$706.68	\$0.00	\$0.00	\$0.00
MP	\$55,618.87	\$0.00	\$12,927.31	\$12,609.90	\$13,030.23	\$13,030.23	\$4,021.20	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$101,369.86</b>	<b>\$0.00</b>	<b>\$14,292.89</b>	<b>\$12,609.90</b>	<b>\$13,060.69</b>	<b>\$14,027.06</b>	<b>\$5,201.72</b>	<b>\$22,543.20</b>	<b>\$19,634.40</b>	<b>\$0.00</b>
AET	\$9,760.00	\$0.00	\$2,928.00	\$6,832.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$9,760.00</b>	<b>\$0.00</b>	<b>\$2,928.00</b>	<b>\$6,832.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
PL	\$2,860.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,860.00
<b>Total</b>	<b>\$2,860.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,860.00</b>
MCA	\$7,065.63	\$0.00	\$0.00	\$0.00	\$7,065.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$7,065.63</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$7,065.63</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
MA	\$11,135.16	\$0.00	\$11,135.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PL	\$1,006.00	\$0.00	\$979.00	(\$979.00)	\$27.00	\$0.00	\$979.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$12,141.16</b>	<b>\$0.00</b>	<b>\$12,114.16</b>	<b>(\$979.00)</b>	<b>\$27.00</b>	<b>\$0.00</b>	<b>\$979.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
HMA	\$18,429.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,429.84
<b>Total</b>	<b>\$18,429.84</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$18,429.84</b>
HMA	\$6,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,600.00
MA	\$16,890.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,890.10
PL	\$8,487.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,487.00
<b>Total</b>	<b>\$31,977.10</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$31,977.10</b>

Facility #:

Date: Nov 27, 2019

Time: 10:40:17 ET

Fox Subacule at Mechanicsburg

A/R Aging Report

Facility Code: 01

User: JSVan

October 2019

Page 14 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
)	PP	\$13,104.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,104.00
	Total	\$13,104.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,104.00
	HMR	\$3,039.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$218.14	\$2,820.91
	MA	\$83.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$83.44	\$0.00
	Total	\$3,122.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$301.58	\$2,820.91
	PL	\$2,988.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,988.60
	Total	\$2,988.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,988.60
	MAI	\$6,030.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,030.00
	PP	\$17,174.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,174.00
	Total	\$23,204.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,204.00
)	MAP	\$8,542.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,542.50
	Total	\$8,542.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,542.50
	MAM	\$9,821.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,821.00
	Total	\$9,821.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,821.00
	AER	\$17,690.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,690.80
	HMB-PART	\$3,299.63	\$0.00	\$39.20	\$933.71	\$0.00	\$283.17	\$579.55	\$707.53	\$756.47	\$0.00
	MA	\$10,758.91	\$0.00	\$10,758.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	PL	\$1,755.06	\$0.00	\$0.00	\$1,080.39	\$0.39	\$674.28	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$33,504.40	\$0.00	\$10,798.11	\$2,014.10	\$0.39	\$957.45	\$579.55	\$707.53	\$756.47	\$17,690.80
	MP	\$834.02	\$0.00	\$834.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
)	Total	\$834.02	\$0.00	\$834.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MAM	\$5,360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,360.00
	MCA	\$780.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$780.11
	Total	\$6,140.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,140.11
	HMA	\$4,279.10	\$0.00	\$0.00	\$0.00	\$0.00	\$4,279.10	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$4,279.10	\$0.00	\$0.00	\$0.00	\$0.00	\$4,279.10	\$0.00	\$0.00	\$0.00	\$0.00
	MAP	\$12,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,600.00
	PL	\$6,390.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,390.00
	Total	\$18,990.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,990.00
	PP	\$12,880.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,880.00
)	Total	\$12,880.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,880.00
	PL	\$5,769.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,769.88
	Total	\$5,769.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,769.88
	PL	\$1,902.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,902.56
	Total	\$1,902.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,902.56
	MAM	\$12,740.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,740.00
	Total	\$12,740.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,740.00
	MAI	\$5,472.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,472.00
	PL	\$12,903.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,903.56
	Total	\$18,375.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,375.56

Facility #:

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Fox Subacute at Mechanicsburg

A/R Aging Report

Facility Code: 01

User: JSVan

October 2019

Page 15 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
MA	MA	\$4,473.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,473.98
	PL	\$3,646.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,646.04
	PP	\$7,237.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,237.48
	Total	\$15,357.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,357.50
	MA	\$12,223.31	\$0.00	\$12,202.31	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MAM	\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,400.00
	PL	\$6,525.00	\$0.00	\$725.00	\$725.00	\$725.00	\$725.00	\$0.00	\$0.00	\$0.00	\$3,625.00
	Total	\$32,148.31	\$0.00	\$12,927.31	\$746.00	\$725.00	\$725.00	\$0.00	\$0.00	\$0.00	\$17,025.00
	HAM	\$16,911.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,911.40
	MP	\$16,397.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,397.76
MAI	Total	\$33,309.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,309.16
	MAM	\$10,857.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,857.00
	Total	\$10,857.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,857.00
	MAI	\$8,977.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,977.50
	Total	\$8,977.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,977.50
	GWM	\$3,584.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,584.70
	MA	\$40,849.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40,849.25
	PL	\$13.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.90
	Total	\$44,447.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$44,447.85
	HMA	\$16,698.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,698.15
MCP	MCP	\$7,245.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,245.00
	Total	\$23,943.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,943.15
	HMR	\$29,610.90	\$0.00	\$0.00	\$0.00	\$19,492.20	\$4,301.10	\$5,817.60	\$0.00	\$0.00	\$0.00
	MP	\$13,030.23	\$0.00	\$0.00	\$5,043.96	\$1,260.99	\$6,725.28	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$42,641.13	\$0.00	\$0.00	\$5,043.96	\$20,753.19	\$11,026.38	\$5,817.60	\$0.00	\$0.00	\$0.00
	MA	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.00
	PL	\$13,797.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,797.62
	Total	\$13,818.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,818.62
	MA	\$11,998.31	\$0.00	\$11,998.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MAM	\$13,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,852.50	\$5,025.00	\$3,852.50	\$670.00	\$0.00
MCA	MCA	\$505.69	\$0.00	\$0.00	\$0.00	\$0.00	\$505.69	\$0.00	\$0.00	\$0.00	\$0.00
	MCB	\$2,515.00	\$0.00	\$560.85	\$1,954.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	PL	\$3,516.80	\$0.00	\$929.00	\$929.00	\$929.00	\$0.00	\$0.00	\$729.80	\$0.00	\$0.00
	Total	\$31,935.80	\$0.00	\$13,488.16	\$2,883.15	\$929.00	\$4,358.19	\$5,025.00	\$4,582.30	\$670.00	\$0.00
	MA	\$17,545.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,545.33
	MAM	\$12,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,400.00
	PL	\$12,203.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,203.29
	PP	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$202.00
	Total	\$42,350.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,350.62
	UHR	\$6,544.80	\$0.00	\$727.20	\$5,817.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	Total	\$6,544.80	\$0.00	\$727.20	\$5,817.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Facility #:

Date: Nov 27, 2019

Time: 10:40:17 ET

Fox Subacute at Mechanicsburg

A/R Aging Report

Facility Code: 01

User: JSVan

October 2019

Page 16 of 17

Resident Name (ID)	Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
[REDACTED]	MA	\$18.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.00
	MAM	\$13,160.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,160.00
	PL	\$787.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$787.03
	Total	\$13,965.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,965.03
	HMA- UNLMT	\$24,789.00	\$0.00	\$20,362.04	\$3,532.40	\$894.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$24,789.00	\$0.00	\$20,362.04	\$3,532.40	\$894.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MAM	\$12,666.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,666.05
	Total	\$12,666.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,666.05
	MAM	\$12,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,600.00
	PL	\$1,664.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,664.00
[REDACTED]	Total	\$24,264.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24,264.00
	MA	\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$12,927.31	\$0.00	\$12,927.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Facility #:

Date: Nov 27, 2019

Time: 10:40:17 ET

Fox Subacute at Mechanicsburg

A/R Aging Report

Facility Code: 01

User: JSVan

October 2019

Page 17 of 17

Payer	Total +10/19	Future Cash	Current 10/19	30 09/19	60 08/19	90 07/19	120 06/19	150 05/19	180 04/19	210 +03/19
	\$41,403.00	\$0.00	\$18,897.00	\$21,570.00	\$936.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$9,760.00	\$0.00	\$2,928.00	\$6,832.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$23,192.80	\$0.00	\$0.00	\$0.00	(\$3,402.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$26,594.80
	\$13,467.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,467.00
	\$40,635.00	\$0.00	\$0.00	\$0.00	\$15,093.00	\$25,542.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$6,588.40	\$0.00	\$0.00	\$0.00	\$1,153.60	\$1,483.20	\$2,921.60	\$1,030.00	\$0.00	\$0.00
	\$67,425.41	\$0.00	\$6,600.00	\$18,150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,900.00	\$37,775.41
	\$42,715.70	\$0.00	\$0.00	\$0.00	\$1,045.20	\$2,961.50	\$15,683.85	\$740.35	\$5,373.40	\$16,911.40
	\$78,308.32	\$0.00	\$0.00	\$0.00	\$19,492.20	\$4,301.10	\$5,817.60	\$0.00	\$218.14	\$48,479.28
	\$25,279.11	\$0.00	\$30,252.60	\$2,564.24	(\$10,267.41)	\$2,729.68	\$0.00	\$0.00	\$0.00	\$0.00
	\$33,202.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,202.00
	\$35,378.73	\$0.00	\$6,494.38	\$3,963.60	\$956.21	\$1,442.51	\$2,454.21	\$1,856.55	\$1,654.31	\$16,556.96
	\$101,630.64	\$0.00	\$19,320.00	\$0.00	\$0.00	\$8,042.40	\$0.00	\$0.00	\$0.00	\$74,268.24
	\$62,698.46	\$0.00	\$20,361.60	(\$21,502.43)	\$289.36	\$10,241.07	\$633.82	\$22,823.22	\$19,634.40	\$10,217.42
	\$206,472.96	\$0.00	\$69,155.80	\$54,974.44	\$61,980.68	\$20,362.04	\$0.00	\$0.00	\$0.00	\$0.00
	\$588,234.02	\$0.00	\$369,967.82	\$13,820.47	(\$1,063.15)	\$3,889.00	\$2,890.92	\$2,810.11	\$1,002.44	\$194,916.41
	\$359,269.80	\$0.00	\$70,474.69	\$56,744.55	\$43,714.32	\$55,063.23	\$24,931.44	\$12,465.72	\$14,074.20	\$81,801.65
	\$163,242.07	\$0.00	\$106,753.93	\$16,656.71	\$9,285.15	\$1,064.35	\$651.77	\$1,326.82	\$0.00	\$27,503.34
	\$85,141.50	\$0.00	\$5,285.50	\$5,025.00	\$5,192.50	\$427.50	\$1,573.00	\$0.00	\$0.00	\$67,638.00
	\$591,768.21	\$0.00	\$13,810.50	\$11,557.50	\$6,365.00	\$11,222.50	\$7,874.00	\$11,559.00	\$14,237.50	\$515,142.21
	\$135,097.64	\$0.00	\$4,944.50	\$0.00	\$0.00	\$670.00	\$6,200.00	\$10,131.00	\$7,537.50	\$105,614.64
	\$12,614.27	\$0.00	\$3,202.88	\$5,270.80	\$4,112.38	\$28.21	\$0.00	\$0.00	\$0.00	\$0.00
	\$436.75	\$0.00	\$107.67	\$140.68	\$188.38	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00
	\$99,553.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$99,553.32
	\$545,682.84	\$0.00	\$14,411.57	\$12,245.70	\$16,960.45	\$16,373.25	\$11,780.73	\$9,052.72	\$7,672.01	\$457,186.41
	\$349,761.01	\$0.00	\$13,727.50	\$9,366.00	\$40,603.00	\$2,181.15	(\$686.87)	\$9,802.99	\$6,059.79	\$268,707.45
	\$6,544.80	\$0.00	\$727.20	\$5,817.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$3,725,503.76	\$0.00	\$777,423.14	\$223,196.86	\$212,634.87	\$168,024.71	\$82,726.07	\$83,598.48	\$82,363.69	\$2,095,535.94

Debtor Fox Subacute at Mechanicsburg, LLC  
Name

Case number (If known) 1:19-bk-04714

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Respiratory Supplies, Medical Supplies, Marketing Supplies, Central Supply, Office Supplies, Dietary Supplies, Cleaning Supplies				\$156,212.83

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$156,212.83

24. Is any of the property listed in Part 5 perishable?

- ☒ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computers & Computer Software (See			\$10,000.00

Fox Subacute at Mechanicsburg

Computer Equipment

WBD

WBD

Careworx PointClick

Optimus EMR Computer Software

Optimus EMR Dell T1700

Tiger Direct 2 Notebooks

Tiger Direct Notebooks/Desktops

Hewlet Packard HP Comp Equip

Newegg Business Ipad Tablet

Computer Software

Paycheks PR Service

Debtor Fox Subacute at Mechanicsburg, LLC  
Name

Case number (If known) 1:19-bk-04714

**attached list)**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$10,000.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**  
**Leasehold Improvements & Moveable Equipment (See attached list)**

**\$200,000.00**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$200,000.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property**

**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

**59. Does the debtor have any interests in intangibles or intellectual property?**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 4

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Best Case Bankruptcy



## Fox Subacute at Mechanicsburg

### Leasehold Improvements

- Direct Supply Cooling Units
- Direct Supply Cooling Units
- Direct Supply Cooling Units
- Direct Supply Cooling Units
- Direct Supply Cooling Units
- K&D Oven
- Johnson Controls 2 Condensing Units
- Johnson Controls Condenser Fan Motor
- Johnson Controls Heater Imp
- K&D Factory Svs Reach in cooler
- Duty's Locks Locks
- Johnson controls AC Compressor
- Emergency Systems Battery Replacement
- Colorwoks Furniture
- Duty's Locks Rekey Cylinders
- Connect-Tek Upgrade Phone system
- AM Communications Televisions
- Delcrest Medical Equipment
- HB McClure Ventilator
- Johnson Controls Kitchen Chiller
- The Sherman Engineering co.
- Johnson Controls

### Fixed Equipment

- WBD
- WBD
- iNFOCUS Technologies vnt-p2 Patient Station
- Tri State McQuay HVAC Equipment
- KD Factory Services Reach In Freezer

### Moveable Equipment

- Delcrest Pump
- Delcrest Probe
- Delcrest AED 10
- Xpdx Floor Machine
- Tri Med 12 leg ECG
- Safe lease Copier
- Dellcrest Signs
- Dellcrest Signs
- Delcrest Resident chairs
- Hill-Rom Service on Beds
- Quality Medical Group Slings, Battery Charger

GR Sponaugle Install data and voice jacks  
GR Sponaugle Repairs  
GR Sponaugle Wire runs and cross connections  
Connect-Tek Phone Services  
Connect-Tek Phone Services  
Connect-Tek Phone Services  
Diret Supply Recliners  
Home Depot Snow Blower  
AM Comm LCD TV and related supplies  
Arjo Sling Medibo Clips  
Xpedx Sanitizer Dispensers  
SimpleGrinnell Fire Alarm Service  
Family Home Medical Corupst Wheel chair  
Arjo Sling Medibo Clips  
Eastern time Maintenance Contract  
SimplexGrinnel Labor Progress  
SimplexGrinnel Fire Alarm Materials  
Quality medical Group Battery Packs  
Family Home Medical Corupst Wheel chair  
Delcrest Wheetchair 9000XDT  
Home Depot Refridgerator  
Central Med Equip Wheelchair Alfano  
quality med Vents  
Tri Med Batteries  
Follett corp Ice Machine  
US Renak Care Gerichairs  
Central med Equi Wheelchairs  
Central Med Equip Wheelchairs  
Franklin chem Flooe Brush  
Delcrest power Lifter  
Moore Medical Lab Mach  
Medicus Health Isolation Station  
QMG Rental Vents  
Crest healthcare Supply Pillow Speakers  
H&H Service Co. 3 AC/ Units  
Firest choie Med Supply Neo Adult Oxy Sensor  
Tri Med Onsite Defribilator  
K&D Factory Serv. Inc. 2 Door Freezer  
McKesson Med Illumination Device  
Delcrest Bed Purchase lease  
Hill-Rom Wound Surface mattress  
H&R Healthcare Bariatric Geri Chair  
Infiniti Medical Solutiosn Vents  
Dynamic Healthcare Wheelchair  
Dynamic Healthcare Wheelchair  
Dynamic Healthcare Wheelchair  
National Seating & Mobility Battery Replacement

Delcrest  
Costo TV and Wall Mount  
Delcrest EKG Machine  
Follett corp. Water Cooker  
Delcrest Ultrasound Unit  
Reinhart Food Service Food Carts  
National Seating & Mobility Wheelchair  
Infinity medical Solutions Ventilators  
HearSay hearing Centers Hearing Machine  
Delcrest Mattresses  
Delcrest  
Delcrest  
Delcrest  
Delcrest  
H&R Healthcare  
H&R Healthcare  
Delcrest  
National Seating & Mobility  
Bills Outdoor Power Inc.

Telephone Equipment  
WBD  
Connect-Tek Power Supply

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (If known) **1:19-bk-04714**

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties Department of Health (License No. 22220201) Medicare Provider Medicaid Provider National Provider			<b>\$0.00</b>

63. Customer lists, mailing lists, or other compilations
64. Other intangibles, or intellectual property
65. Goodwill

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No  
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No  
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

**Current value of debtor's interest**

71. **Notes receivable**  
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Debtor Fox Subacute at Mechanicsburg, LLC  
Name

Case number (If known) 1:19-bk-04714

**Litigation - Fox Subacute at Mechanicsburg, LLC v.  
Diane Estep**

**\$0.00**

Nature of claim	<u>Litigation</u>
Amount requested	<u>\$563,851.77</u>

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$0.00**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No  
☐ Yes

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (If known) **1:19-bk-04714**

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$735,642.27</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$30,203.83</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$4,035,080.22</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$156,212.83</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$10,000.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$200,000.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$5,167,139.15</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$5,167,139.15</u>

**Fill in this information to identify the case:**Debtor name **Fox Subacute at Mechanicsburg, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **1:19-bk-04714**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
<b>2.1</b>	<b>People's Bank</b>	<b>\$5,500,000.00</b>	<b>\$5,167,139.15</b>
Creditor's Name		Describe debtor's property that is subject to a lien	
		<b>All Personal Property</b>	
3100 Market Street Camp Hill, PA 17011		Describe the lien	
Creditor's mailing address		Is the creditor an insider or related party?	
		<input checked="" type="checkbox"/> No	
Creditor's email address, if known		<input type="checkbox"/> Yes	
Date debt was incurred		Is anyone else liable on this claim?	
		<input type="checkbox"/> No	
Last 4 digits of account number		<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:	
<input checked="" type="checkbox"/> No		Check all that apply	
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		<input checked="" type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$5,500,000.00**  
**0****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
William Hallam, Esquire Rosenberg Martin Greenberg LLP 25 South Charles Street, 21st Fl Baltimore, MD 21201	Line <b>2.1</b>	

**Fill in this information to identify the case:**Debtor name **Fox Subacute at Mechanicsburg, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **1:19-bk-04714**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>A Vital Response, Inc. 1205 S 28th Street Harrisburg, PA 17111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$2,957.99</b>
3.2	Nonpriority creditor's name and mailing address <b>ADARA Healthcare Staffing 241 Maple Hollow Road Duncansville, PA 16635</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$31,422.35</b>
3.3	Nonpriority creditor's name and mailing address <b>Alimed, Inc. P.O. Box 9135 Dedham, MA 02027</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$232.98</b>
3.4	Nonpriority creditor's name and mailing address <b>All American Healthcare Services 494 Broad Street Suite 302 Newark, NJ 07102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$8,715.00</b>



Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Allscripts Healthcare, LLC</b> <b>24630 Network Place</b> <b>Chicago, IL 60673-1246</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,392.76</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Altek Business Systems Inc.</b> <b>P.O. Box 660831</b> <b>Dallas, TX 75266-0831</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,705.24</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>P.O. Box 1270</b> <b>Newark, NJ 07101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,562.64</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Applied Computer Solutions</b> <b>P.O. Box 749</b> <b>Spring House, PA 19477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,079.51</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Ascend Healthcare Associates</b> <b>1100 Bent Creek Blvd.</b> <b>Suite 102</b> <b>Mechanicsburg, PA 17050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,143.38</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Associated Products Services, Inc.</b> <b>2 East Road</b> <b>P.O. Box 231</b> <b>Mechanicsburg, PA 17055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,118.08</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Balfurd Healthcare &amp; Linen Rentals</b> <b>2467 Park Avenue</b> <b>P.O. Box 109</b> <b>Tipton, PA 16684-0109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,524.38</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Blanche Lenard Consulting LLC</b> <b>2225 Overlook Drive</b> <b>Aston, PA 19014-1616</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$225.00</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Bortek Industries, Inc.</b> <b>4713 Old Gettysburg Road</b> <b>Mechanicsburg, PA 17055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,011.84</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Capital Healthcare Solutions Inc.</b> <b>P.O. Box 799</b> <b>Gloucester, VA 23061</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,650.38</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Cardmember Services</b> <b>P.O. Box 790408</b> <b>Saint Louis, MO 63179-0408</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1326</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$114.93</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Carlisle NeuroCare</b> <b>220 Wilson Street</b> <b>Suite 210</b> <b>Carlisle, PA 17013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Christopher Fisher</b> <b>c/o Fox Subacute at Mechanicsburg</b> <b>120 Filber Street</b> <b>Mechanicsburg, PA 17055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$111.80</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Colorworks by Chana</b> <b>2187 Red Barn Road</b> <b>Furlong, PA 18925</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$856.73</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>P.O. Box 70219</b> <b>Southeastern, PA 19176-0219</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3420</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$447.61</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>P.O. Box 70219</b> <b>Southeastern, PA 19176-0219</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5941</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,795.84</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>P.O. Box 70219</b> <b>Southeastern, PA 19176-0219</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7347</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$315.74</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Commercial Refrigeration of HBG</b> <b>7841 Witmer Drive</b> <b>Harrisburg, PA 17111-5403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,559.19</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Community Life Team</b> <b>P.O. Box 8</b> <b>Indiana, PA 15701-0008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,105.00</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Concentra</b> <b>Occupational Health Ctr.</b> <b>P.O. Box 8750</b> <b>Elkridge, MD 21075-8750</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,422.50</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Cozen "O'Connor</b> <b>One Liberty Place</b> <b>1650 Market Street, Suite 2800</b> <b>Philadelphia, PA 19103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,105.00</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Crest Healthcare Supply</b> <b>P.O. Box 727</b> <b>Dassel, MN 55325-0727</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,023.45</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Crystal Springs</b> <b>P.O. Box 660579</b> <b>Dallas, TX 75266-0579</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$172.35</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Culligan of Mechanicsburg</b> <b>12 Waterford Drive</b> <b>Mechanicsburg, PA 17050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$284.08</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Cummings Consultants</b> <b>1617 North Front Street</b> <b>Harrisburg, PA 17112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,000.00</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>D&amp;T Mechanical Contractors Inc.</b> <b>714 Ayers Avenue</b> <b>P.O. Box 42</b> <b>Lemoyne, PA 17043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,986.99</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>DeBrunner &amp; Associates</b> <b>112 Walnut Street</b> <b>Harrisburg, PA 17101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,885.08</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Delcrest Medical Services, Inc</b> <b>100 Commerce Drive</b> <b>Ivyland, PA 18974</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$226,584.28</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Delcrest Medical Services, Inc</b> <b>(Lease)</b> <b>100 Commerce Drive</b> <b>Ivyland, PA 18974</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,621.01</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Dominion Elevator Inspection Serv.</b> <b>7475 Carlisle Road</b> <b>Wellsville, PA 17365</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Donna Jean Foster</b> <b>950 Flickes Road</b> <b>Dillsburg, PA 17019</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>East Coas Food Equipment, Inc.</b> <b>570 Industrial Drive</b> <b>Lewisberry, PA 17339</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.74</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>East Pennsboro Ambulance Service</b> <b>P.O. Box 47</b> <b>Enola, PA 17025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$283.60</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Eli Qureshi</b> <b>20 Keefer Way</b> <b>Mechanicsburg, PA 17055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>F Hummel &amp; Sons LLC</b> <b>112 Woodside Drive</b> <b>Mechanicsburg, PA 17055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,406.07</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Fetrow Electric Service Company</b> <b>P.O. box 162</b> <b>Camp Hill, PA 17001-0162</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$955.15</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Fidelity Security Life Ins. Co.</b> <b>P.O. Box 632530</b> <b>Cincinnati, OH 45263</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$881.04</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>First Choice Medical Supply</b> <b>P.O. Box 3608</b> <b>Jackson, MS 39207</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,535.56</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Flaster Greenberg</b> <b>1835 Market Street</b> <b>Suite 1050</b> <b>Philadelphia, PA 19103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,699.56</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Fleischer Fleischer &amp; Suglia</b> <b>Four Greentree Centre, Suite 305</b> <b>601 Rt 73 N</b> <b>Marlton, NJ 08053</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,500.00</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Follett LLC</b> <b>P.O. Box 782806</b> <b>Philadelphia, PA 19178-2806</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$71.35</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Freedom Medical Inc.</b> <b>P.O. Box 822704</b> <b>Philadelphia, PA 19182-2704</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,015.00</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Gatter &amp; Diehl Inc.</b> <b>100 Winding Creek Blvd.</b> <b>Mechanicsburg, PA 17050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,500.00</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Geisinger Holy Spirit</b> <b>503 N 21st Street</b> <b>Camp Hill, PA 17011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,745.79</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Ginnie Rudisill</b> <b>451 Maywood Road</b> <b>York, PA 17402-4153</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$721.45</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>GNXCOR, Inc.</b> <b>425 Hespeler Road</b> <b>Suite 103</b> <b>Cambridge N1R 8J6</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.11</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Guardian</b> <b>P.O. Box 824404</b> <b>Philadelphia, PA 19182-4404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,836.77</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Guernsey</b> <b>P.O. Box 61770</b> <b>Harrisburg, PA 17106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72.55</b>
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>H&amp;H Service Company Inc.</b> <b>4510B Westport Drive</b> <b>Mechanicsburg, PA 17055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,302.84</b>

3.54	<b>Nonpriority creditor's name and mailing address</b> <b>H&amp;R Healthcare LP</b> <b>1750 Oak Street</b> <b>Lakewood, NJ 08701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$745.00</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>H.B. McClure</b> <b>P.O. Box 1745</b> <b>Harrisburg, PA 17105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,143.93</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Hampden Township EMS</b> <b>N 2930 State Road 22</b> <b>Wautoma, WI 54982</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.74</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Harrisburg Dairies</b> <b>P.O. Box 2001</b> <b>2001 Herr Street</b> <b>Harrisburg, PA 17105-2001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$366.96</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Health System Services</b> <b>6867 Williams Road</b> <b>Niagara Falls, NY 14304-2993</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$731.80</b>
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Heather Quiles</b> <b>1210 Poplar Street</b> <b>Langhorne, PA 19047</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$178.42</b>
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Hershocks</b> <b>3501 North 6th Street</b> <b>P.O. Box 5800</b> <b>Harrisburg, PA 17110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$672.83</b>



Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.61	Nonpriority creditor's name and mailing address <b>Hill-Rom</b> <b>P.O. Box 643592</b> <b>Pittsburgh, PA 15264-3592</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,270.00</b>
3.62	Nonpriority creditor's name and mailing address <b>Holy Spirit EMS</b> <b>P.O. Box 983029</b> <b>Boston, MA 02298-3029</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,826.08</b>
3.63	Nonpriority creditor's name and mailing address <b>Holy Spirit Hospital</b> <b>503 North 21st Street</b> <b>Camp Hill, PA 17011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,676.44</b>
3.64	Nonpriority creditor's name and mailing address <b>Holy Spirit Hospital - BHC</b> <b>503 North 21st Street</b> <b>Camp Hill, PA 17011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,462.50</b>
3.65	Nonpriority creditor's name and mailing address <b>Home Depot Card Services</b> <b>P.O. Box 9001030</b> <b>Louisville, KY 40290-1030</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0824</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$292.02</b>
3.66	Nonpriority creditor's name and mailing address <b>HSE Staffing Agency LLC</b> <b>5585 Barbara Drive</b> <b>Mechanicsburg, PA 17050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$68,356.64</b>
3.67	Nonpriority creditor's name and mailing address <b>Infiniti Medical Solutions, LLC</b> <b>50 Randolph Road</b> <b>Suite A2</b> <b>Somerset, NJ 08873</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$140,347.70</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Infiniti Medical Solutions, LLC</b> <b>(Rental)</b> <b>50 Randolph Road, Suite A2</b> <b>Somerset, NJ 08873</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$128,522.00</b>
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Integrated Medical Transport LLC</b> <b>322 East Allen Road</b> <b>Suite C</b> <b>Mechanicsburg, PA 17055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,445.46</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>IntelyCare, Inc.</b> <b>1515 Hancock Street</b> <b>Suite 203</b> <b>Quincy, MA 02169</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,420.69</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Johnson Controls</b> <b>P.O. Box 730068</b> <b>Dallas, TX 75373-0068</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,671.12</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Jon Pheasant</b> <b>7790 Gumboro Road</b> <b>Pittsville, MD 21850</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$130.00</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>K&amp;D Factory Service</b> <b>1833-411 North Cameron Street</b> <b>Harrisburg, PA 17103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,438.23</b>
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>KCI USA</b> <b>P.O. Box 301557</b> <b>Dallas, TX 75303-1557</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,354.74</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Keystone Fire Protection Co.</b> <b>433 Industrial Drive</b> <b>North Wales, PA 19454</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$556.77</b>
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Keystone Guardianship Services</b> <b>P.O. Box 804</b> <b>Elizabethville, PA 17023</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>LW Consulting Inc.</b> <b>5925 Stevenson Avenue</b> <b>Suite G</b> <b>Harrisburg, PA 17112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,983.52</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Marlin Business Bank</b> <b>P.O. Box 13604</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>8002</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,712.87</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Mary-Kate Spring Lee</b> <b>1416 Regency Circle</b> <b>Harrisburg, PA 17110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$465.00</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Masimo</b> <b>28932 Network Place</b> <b>Dept. 6773</b> <b>Chicago, IL 60673-1289</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,551.02</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Matrixcare, Inc.</b> <b>BIN #32</b> <b>P.O. Box 1414</b> <b>Minneapolis, MN 55480-1414</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,264.80</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.82	<b>Nonpriority creditor's name and mailing address</b> <b>McCartney's Maintenance Inc.</b> <b>P.O. Box 217</b> <b>Lewisberry, PA 17339</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Mechanicsburg Fire Department</b> <b>P.O. Box 1233</b> <b>Mechanicsburg, PA 17055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Medliance</b> <b>c/o Tabula Rasa Healthcase, Inc.</b> <b>228 Strawbridge Drive, Suite 100</b> <b>Moorestown, NJ 08057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,500.00</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>MileStone Staffing Services</b> <b>L3542</b> <b>Columbus, OH 43260</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$52,131.90</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Mr. Rooter Plumbing of Central PA</b> <b>2 East Road</b> <b>Mechanicsburg, PA 17050</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$258.54</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>MS Hershey Medical Center</b> <b>500 University Drive</b> <b>Hershey, PA 17033</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,060.28</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Murray Associates Architects PC</b> <b>1600 North Second Street</b> <b>Harrisburg, PA 17102-2499</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$808.33</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.89	<b>Nonpriority creditor's name and mailing address</b> <b>National Seating &amp; Mobility, Inc.</b> <b>1957 Pioneer Road, Building C</b> <b>Huntingdon Valley, PA 19006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,223.19</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>NaviHealth</b> <b>210 Westwood Place</b> <b>Suite 400</b> <b>Brentwood, TN 37027</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,060.00</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Newtown Office Supply Solutions</b> <b>31 Friends Lane</b> <b>Newtown, PA 18940</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$148.40</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Nsima Umana</b> <b>Envision Ablaze Healthcare</b> <b>208 West Allen Street</b> <b>Mechanicsburg, PA 17055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,487.28</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>OneCall Medical Staffing Inc.</b> <b>316 East 6th Avenue</b> <b>Tarentum, PA 15084</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,115.50</b>
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Optima Healthcare Solutions, LLC</b> <b>P.O. Box 531734</b> <b>Atlanta, GA 30353-1734</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$409.43</b>
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>Orkin Pest Control</b> <b>RATT, Inc.</b> <b>4450 Paxton Street</b> <b>Harrisburg, PA 17111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$368.55</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.96	<b>Nonpriority creditor's name and mailing address</b> <b>Padona</b> <b>6103 Liberty Drive</b> <b>Groveland, FL 34736</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$432.78</b>
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>PCA Industrial &amp; Paper Supplies</b> <b>2425 Maryland Road</b> <b>Willow Grove, PA 19090</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,852.79</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Pennsylvania State Police</b> <b>P.O. Box 62041</b> <b>Harrisburg, PA 17106-2041</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1363</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.50</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>People's Bank</b> <b>3100 Market Street</b> <b>Camp Hill, PA 17011-1000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>First Mortgage on Facility located at 120 S Filbert Street, Mechanicsburg, PA 17055 owned by FSA Realty Associates, LLP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,960,000.00</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>PharMerica</b> <b>P.O. Box 409251</b> <b>Atlanta, GA 30384-9251</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$680,323.33</b>
3.101	<b>Nonpriority creditor's name and mailing address</b> <b>PHCA</b> <b>315 North Second Street</b> <b>Harrisburg, PA 17101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,277.12</b>
3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Physicians's Mobile X-ray</b> <b>945 East Park Drive, Suite 102</b> <b>Harrisburg, PA 17111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,141.95</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Pinnacle Health ABC, LLC</b> <b>PO Box 829791</b> <b>Philadelphia, PA 19182-9791</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,080.00</b>
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Praxair Distribution Inc.</b> <b>(Cylinders)</b> <b>2301 SE Creekview Drive</b> <b>Ankeny, IA 50021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,028.33</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Praxair Distribution, Inc. (Bulk)</b> <b>2301 SECreekview Drive</b> <b>Ankeny, IA 50021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,649.33</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>Prominent Medical Staffing</b> <b>219 East Main Street</b> <b>Mechanicsburg, PA 17055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90,038.03</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Quality Medical Group</b> <b>50 Randolph Road, Suite A2</b> <b>Somerset, NJ 08873</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,087.50</b>
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>R.F. Fager Co.</b> <b>2058 State Road</b> <b>Camp Hill, PA 17011</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$575.93</b>
3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Reinhart Foodservice, LLC</b> <b>100 Industrial Park Road</b> <b>Coal Township, PA 17866</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,738.64</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.110	<b>Nonpriority creditor's name and mailing address</b> <b>Relias Learning, LLC</b> <b>P.O. Box 74008620</b> <b>Chicago, IL 60674-8620</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,898.00</b>
3.111	<b>Nonpriority creditor's name and mailing address</b> <b>Richter Healthcare Consultants</b> <b>8948 Canyon Falls Blvd., Suite 400</b> <b>Twinsburg, OH 44087</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,760.00</b>
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>Seasons</b> <b>1416 Regency Circle</b> <b>Harrisburg, PA 17110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.00</b>
3.113	<b>Nonpriority creditor's name and mailing address</b> <b>Service Firest Restoration &amp; Remodeling</b> <b>330 East Park Drive</b> <b>Harrisburg, PA 17111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,412.26</b>
3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Sharon Gladfelter RHIT</b> <b>5531 Bino Road</b> <b>Greencastle, PA 17225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$787.50</b>
3.115	<b>Nonpriority creditor's name and mailing address</b> <b>Sharps Compliance, Inc.</b> <b>P.O. Box 679502</b> <b>Dallas, TX 75267-9502</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,665.00</b>
3.116	<b>Nonpriority creditor's name and mailing address</b> <b>Shredding Solutions</b> <b>1235 Ritner Highway</b> <b>Carlisle, PA 17013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$169.00</b>



3.117	Nonpriority creditor's name and mailing address <b>Sun Life Financial</b> <b>P.O. Box 7247-0381</b> <b>Philadelphia, PA 19170-0381</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,763.12</b>
3.118	Nonpriority creditor's name and mailing address <b>SWIFTMD</b> <b>P.O. Box 829891</b> <b>Philadelphia, PA 19182</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,060.00</b>
3.119	Nonpriority creditor's name and mailing address <b>Tri-Med Medical Supply, Inc.</b> <b>4110 Butler Pike, Suite 106</b> <b>Plymouth Meeting, PA 19462</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$172,682.60</b>
3.120	Nonpriority creditor's name and mailing address <b>Tri-Med Rentals</b> <b>4110 Butler Pike</b> <b>Suite 106</b> <b>Plymouth Meeting, PA 19462</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,314.40</b>
3.121	Nonpriority creditor's name and mailing address <b>Triangle Fire Protection</b> <b>20 Roadway Drive</b> <b>Carlisle, PA 17015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,005.00</b>
3.122	Nonpriority creditor's name and mailing address <b>Trinity Pharmacy Services, L.V.</b> <b>3910 Adler Place</b> <b>Suite 210</b> <b>Bethlehem, PA 18017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,907.67</b>
3.123	Nonpriority creditor's name and mailing address <b>Trinity Pharmacy Services, L.V.</b> <b>(Note)</b> <b>3910 Adler Place, Suite 210</b> <b>Bethlehem, PA 18017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$195,481.47</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.124	<b>Nonpriority creditor's name and mailing address</b> <b>Trust Ambulance Inc</b> <b>1131 Primrose Avenue</b> <b>Camp Hill, PA 17011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,429.00</b>
3.125	<b>Nonpriority creditor's name and mailing address</b> <b>Tyco Integrated Sercurity LLC</b> <b>P.O. Box 371967</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,292.40</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Tyler Robinson</b> <b>2214 Wood Street</b> <b>Lancaster, PA 17603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.00</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>United Healthcare</b> <b>Recovery Services</b> <b>P.O. Box 740804</b> <b>Atlanta, GA 30374</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$550.00</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>UPMC Pinnacle</b> <b>PO Box 826813</b> <b>Philadelphia, PA 19182-6813</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45,755.22</b>
3.129	<b>Nonpriority creditor's name and mailing address</b> <b>US Standard Products</b> <b>P.O. Box 668985</b> <b>Pompano Beach, FL 33066</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,644.97</b>
3.130	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon</b> <b>P.O. Box 28000</b> <b>Lehigh Valley, PA 18002</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>129Y</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$251.04</b>

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

3.131	<b>Nonpriority creditor's name and mailing address</b> <b>Vohra Post Acute Care Physicians</b> <b>P.O. Box 742758</b> <b>Atlanta, GA 30374-2758</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,415.34</b>
3.132	<b>Nonpriority creditor's name and mailing address</b> <b>W.B. Mason Co., Inc.</b> <b>P.O. Box 981101</b> <b>Boston, MA 02298-1101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,042.92</b>
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>Waste Management of PA, Inc.</b> <b>P.O. Box 13648</b> <b>Philadelphia, PA 19101-3648</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,037.58</b>
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>Welch Allyn Inc.</b> <b>P.O. Box 73040</b> <b>Chicago, IL 60673-7040</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,325.66</b>
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>WellSpan Health</b> <b>P.O. Box 550</b> <b>Mount Gretna, PA 17064</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,150.00</b>
3.136	<b>Nonpriority creditor's name and mailing address</b> <b>West Shore EMS</b> <b>205 Grandview Avenue</b> <b>Suite 211</b> <b>Camp Hill, PA 17011-1708</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,811.86</b>
3.137	<b>Nonpriority creditor's name and mailing address</b> <b>Windstream</b> <b>P.O. Box 9001013</b> <b>Louisville, KY 40290-1013</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>4526</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,964.02</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **Fox Subacute at Mechanicsburg, LLC**  
Name

Case number (if known) **1:19-bk-04714**

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 <b>William Hallam, Esquire Rosenberg Martin Greenberg, LLP 25 South Charles Street, 21st Fl Baltimore, MD 21201</b>	Line <b>3.99</b> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 9,400,376.63
5c.	\$ 9,400,376.63

Fill in this information to identify the case:

Debtor name **Fox Subacute at Mechanicsburg, LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number (if known) **1:19-bk-04714**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Room Furnishings**

State the term remaining

List the contract number of any government contract

**Delcrest Medical Services, LLC**  
**100 Commerce Drive**  
**Ivyland, PA 18974**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Facility Located at: 120 S Filbert Street Mechanicsburg, PA 17055**

State the term remaining

List the contract number of any government contract

**FSA Realty Associates, LLP**  
**251 Stenton Avenue**  
**Philadelphia, PA 19145**

2.3. State what the contract or lease is for and the nature of the debtor's interest **HP Pro Book**

State the term remaining

List the contract number of any government contract

**Hewlett Packard Financial Services**  
**P.O. Box 402582**  
**Atlanta, GA 30384**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Resident Room Furniture**

State the term remaining

List the contract number of any government contract

**Marlin Business Bank**  
**P.O. Box 13604**  
**Philadelphia, PA 19101**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Software

State the term remaining

List the contract number of any government contract

PointClickCare  
5570 Explorer Drive  
Mississauga, ON L4W 0C4

**Fill in this information to identify the case:**Debtor name **Fox Subacute at Mechanicsburg, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **1:19-bk-04714**☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Ellen Foulke****4 Garden Path  
Doylestown, PA 18901****People's Bank**☐ D \_\_\_\_\_  
☒ E/F **3.99**  
☐ G \_\_\_\_\_**2.2 Ellen Foulke****4 Garden Path  
Doylestown, PA 18901****People's Bank**☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_**2.3 Fox Nursing  
Home Corp.****dba Fox Subacute at Warrington  
251 Stenton Avenue  
Plymouth Meeting, PA 19462****People's Bank**☐ D \_\_\_\_\_  
☒ E/F **3.99**  
☐ G \_\_\_\_\_**2.4 Fox Nursing  
Home Corp.****dba Fox Subacute at Warrington  
251 Stenton Avenue  
Plymouth Meeting, PA 19462****People's Bank**☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_**2.5 Fox Subacute at  
Clara Burke, Inc.****251 Stenton Avenue  
Plymouth Meeting, PA 19462-1220****People's Bank**☐ D \_\_\_\_\_  
☒ E/F **3.99**  
☐ G \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- |      |                                           |                                                               |                      |                                                                                                                             |
|------|-------------------------------------------|---------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 2.6  | <b>Fox Subacute at Clara Burke, Inc.</b>  | <b>251 Stenton Avenue<br/>Plymouth Meeting, PA 19462</b>      | <b>People's Bank</b> | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____  |
| 2.7  | <b>Fox Subacute at South Philadelphia</b> | <b>1930 S Broad Street<br/>Philadelphia, PA 19145</b>         | <b>People's Bank</b> | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____  |
| 2.8  | <b>Fox Subacute at South Philadelphia</b> | <b>1930 S Broad Street<br/>Philadelphia, PA 19145</b>         | <b>People's Bank</b> | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.99</u><br><input type="checkbox"/> G _____ |
| 2.9  | <b>Fox Subacute Management, Inc.</b>      | <b>251 Stenton Avenue<br/>Plymouth Meeting, PA 19462-1220</b> | <b>People's Bank</b> | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.99</u><br><input type="checkbox"/> G _____ |
| 2.10 | <b>Fox Subacute Management, Inc.</b>      | <b>251 Stenton Avenue<br/>Plymouth Meeting, PA 19462</b>      | <b>People's Bank</b> | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____  |
| 2.11 | <b>FSA Realty Associates L.P.</b>         | <b>120 S. Filbert Street<br/>Mechanicsburg, PA 17055</b>      | <b>People's Bank</b> | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.99</u><br><input type="checkbox"/> G _____ |
| 2.12 | <b>FSA Realty Associates, L.P.</b>        | <b>120 S. Filbert Street<br/>Mechanicsburg, PA 17055</b>      | <b>People's Bank</b> | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____  |
| 2.13 | <b>James M. Foulke</b>                    | <b>4 Grden Path<br/>Doylestown, PA 18901</b>                  | <b>People's Bank</b> | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.99</u><br><input type="checkbox"/> G _____ |



Debtor **Fox Subacute at Mechanicsburg, LLC**

Case number (if known) **1:19-bk-04714**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14 **James M. Foulke**      **4 Garden Path**  
**Doylestown, PA 18901**

**People's Bank**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.15 **Joseph F. Murray**      **310 Friendship Drive**  
**Paoli, PA 19301**

**People's Bank**

☐ D \_\_\_\_\_  
☒ E/F 3.99  
☐ G \_\_\_\_\_

2.16 **Joseph J. Murray**      **310 Friendship Drive**  
**Paoli, PA 19301**

**People's Bank**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

**Fill in this information to identify the case:**Debtor name **Fox Subacute at Mechanicsburg, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **1:19-bk-04714**☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/19**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**  
From **1/01/2019** to **Filing Date****Sources of revenue**  
Check all that apply☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**  
(before deductions and exclusions)**\$8,947,270.00****For prior year:**  
From **1/01/2018** to **12/31/2018**☒ Operating a business☐ Other \_\_\_\_\_**\$10,462,187.00****For year before that:**  
From **1/01/2017** to **12/31/2017**☒ Operating a business☐ Other \_\_\_\_\_**\$8,388,495.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**  
*Check all that apply*

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>See Attached List</b>			<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
------------------------------------------------------	-------	-----------------------	---------------------------------

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	-----------------------------------------	-----------------------	--------

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>4. Pearlcare Search Group, LLC f/k/a Pearlcare Medical Staffing, LLC vs. Fox Nursing Home Corporation a/k/a Fox Subacute at Warrington a/k/a Fox Subacute Management, Inc.; Fox subacute at Clara Burke, Inc.; Fox Subacute at Mechanicsburg, LLC; Fox Subacute at South Philadelphia, LLC and Fox Subacute Foundation 2019-6083</b>	<b>Collection</b>	<b>Montgomery County Common Pleas Swede and Airy Streets P.O. Box 311 Norristown, PA 19404-0311</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Date: Dec 1, 2019  
Time: 11:51:54 ET  
User: Ralph Van

**Fox Subacute at Mechanicsburg**  
**Check Register**  
**8/1/2019 - 10/31/2019**

Page # 1

Check Numbers: 1 - 999999999 Bank: MB-PEOPLES BANK OPERATING

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
11289	IntelyCare, Inc	IntelyCare, Inc	67-1	8/1/2019	(\$674.30)	Payment	Reversed
11289	IntelyCare, Inc	IntelyCare, Inc	898-1	8/1/2019	\$674.30	Payment	
11290	Reinhart Foodservice, L.L.C.	Reinhart Foodservice, L.L.C.	898-2	8/1/2019	\$1,133.76	Payment	
11291	IntelyCare, Inc	IntelyCare, Inc	899-1	8/1/2019	\$683.57	Payment	
11292	H & R Healthcare, L. P.	H & R Healthcare, L. P.	900-1	8/1/2019	\$651.00	Payment	
11293	Infiniti Medical Solutions, LLC (Rental)	Infiniti Medical Solutions, LLC (Rental)	901-1	8/1/2019	\$7,584.00	Payment	
11294	H & H Service Company, Inc.	H & H Service Company, Inc.	902-1	8/2/2019	\$369.71	Payment	
11295	Keystone Fire Protection Co.	Keystone Fire Protection Co.	903-1	8/2/2019	\$1,836.14	Payment	
11296	Richter Healthcare Consultants	Richter Healthcare Consultants	904-1	8/6/2019	\$1,780.00	Payment	
11297	Verizon (450-162-819-0001 29 Y)	Verizon (450-162-819-0001 29 Y)	905-1	8/6/2019	\$124.70	Payment	
11298	American Express	American Express	906-1	8/7/2019	\$5,002.59	Payment	
11299	Marcy C. Levy, RD,LDN,CFSM	Marcy C. Levy, RD,LDN,CFSM	907-1	8/7/2019	\$515.00	Payment	
11300	Joe Murray	Joe Murray	908-1	8/7/2019	\$1,051.13	Payment	
11301	Pinnacle Health ABC, LLC	Pinnacle Health ABC, LLC	908-2	8/7/2019	\$6,375.00	Payment	
11302	Altek Business Systems, Inc.(290 &277)	Altek Business Systems, Inc.(290 &277)	909-1	8/7/2019	\$1,167.37	Payment	
11303	Applied Computer Solutions	Applied Computer Solutions	909-2	8/7/2019	\$654.23	Payment	
11304	COMCAST (3420)	COMCAST (3420)	909-3	8/7/2019	\$247.87	Payment	
11305	COMCAST (5941)	COMCAST (5941)	909-4	8/7/2019	\$897.92	Payment	
11306	COMCAST (7347)	COMCAST (7347)	909-5	8/7/2019	\$157.87	Payment	
11307	Windstream (4526)	Windstream (4526)	909-6	8/7/2019	\$1,993.98	Payment	
11308	IntelyCare, Inc	IntelyCare, Inc	910-1	8/8/2019	\$1,102.83	Payment	
11309	Reinhart Foodservice, L.L.C.	Reinhart Foodservice, L.L.C.	910-2	8/8/2019	\$1,550.74	Payment	
11310	Crystal Springs	Crystal Springs	911-1	8/8/2019	\$75.16	Payment	
11311	Culligan of Mechanicsburg	Culligan of Mechanicsburg	911-2	8/8/2019	\$299.98	Payment	
11312	Jackie Love	Jackie Love	912-1	8/9/2019	\$31.80	Payment	

Date: Dec 1, 2019  
Time: 11:51:54 ET  
User: Ralph Van

**Fox Subacute at Mechanicsburg**  
**Check Register**  
**8/1/2019 - 10/31/2019**

Page # 2

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
11313	Delcrest Medical Services, Inc.	Delcrest Medical Services, Inc.	913-1	8/12/2019	\$34,489.72	Payment	
11314	Delcrest Medical Services, Inc. (Lease)	Delcrest Medical Services, Inc. (Lease)	913-2	8/12/2019	\$1,612.01	Payment	
11315	Balfurd Healthcare & Linen Rentals	Balfurd Healthcare & Linen Rentals	914-1	8/14/2019	\$3,802.15	Payment	
11316	Cumberland County Prothonotary	Cumberland County Prothonotary	914-2	8/14/2019	\$120.25	Payment	
11317	Freedom Medical, Inc.	Freedom Medical, Inc.	914-3	8/14/2019	\$3,080.00	Payment	
11318	IntelyCare, Inc	IntelyCare, Inc	915-1	8/15/2019	\$674.30	Payment	
11319	Reinhart Foodservice, L.L.C.	Reinhart Foodservice, L.L.C.	915-2	8/15/2019	\$1,565.12	Payment	
11320	Infiniti Medical Solutions, LLC (Rental)	Infiniti Medical Solutions, LLC (Rental)	916-1	8/16/2019	\$8,781.00	Payment	
11321	Quality Medical Group	Quality Medical Group	916-2	8/16/2019	\$3,951.00	Payment	
11322	Bank Direct Capital Finance	Bank Direct Capital Finance	917-1	8/16/2019	\$7,368.11	Payment	
11323	Lackawanna American Insurance Co.	Lackawanna American Insurance Co.	917-2	8/16/2019	\$591.76	Payment	
11324	Carolina Speech Pathology, LLC	Carolina Speech Pathology, LLC	918-1	8/19/2019	\$1,185.00	Payment	
11325	Lackawanna American Insurance Co.	Lackawanna American Insurance Co.	919-1	8/20/2019	\$6,397.21	Payment	
11326	Allek Business Systems, Inc.(290 &277)	Allek Business Systems, Inc.(290 &277)	920-1	8/20/2019	\$408.82	Payment	
11327	Guardian	Guardian	921-1	8/21/2019	\$1,917.12	Payment	
11328	Sun Life Financial	Sun Life Financial	921-2	8/21/2019	\$3,350.67	Payment	
11329	Tri-Med Medical Supplies, Inc.	Tri-Med Medical Supplies, Inc.	922-1	8/21/2019	\$25,345.65	Payment	
11331	IntelyCare, Inc	IntelyCare, Inc	923-1	8/22/2019	\$280.31	Payment	
11332	Reinhart Foodservice, L.L.C.	Reinhart Foodservice, L.L.C.	923-2	8/22/2019	\$1,430.69	Payment	
11333	Ginnie Rudisill, Petty Cash	Ginnie Rudisill, Petty Cash	924-1	8/22/2019	\$345.85	Payment	

Date: Dec 1, 2019  
Time: 11:51:54 ET  
User: Ralph Van

**Fox Subacute at Mechanicsburg**  
**Check Register**  
**8/1/2019 - 10/31/2019**

Page # 3

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
11334	Allek Business Systems, Inc.(290 &277)	Allek Business Systems, Inc.(290 &277)	925-1	8/27/2019	\$190.63	Payment	
11335	COMCAST (3420)	COMCAST (3420)	925-2	8/27/2019	\$247.87	Payment	
11336	COMCAST (5941)	COMCAST (5941)	925-3	8/27/2019	\$897.92	Payment	
11337	COMCAST (7347)	COMCAST (7347)	925-4	8/27/2019	\$157.87	Payment	
11338	Crystal Springs	Crystal Springs	925-5	8/27/2019	\$272.91	Payment	
11339	Culligan of Mechanicsburg	Culligan of Mechanicsburg	925-6	8/27/2019	\$95.40	Payment	
11340	Verizon (450-162-819-0001 29 Y)	Verizon (450-162-819-0001 29 Y)	925-7	8/27/2019	\$123.84	Payment	
11341	Waste Management of PA., Inc.	Waste Management of PA., Inc.	925-8	8/27/2019	\$2,018.82	Payment	
11342	IntelyCare, Inc	IntelyCare, Inc	926-1	8/29/2019	\$899.69	Payment	
11343	Reinhart Foodservice, L.L.C.	Reinhart Foodservice, L.L.C.	926-2	8/29/2019	\$1,460.73	Payment	
11344	Bortek Industries, Inc.	Bortek Industries, Inc.	927-1	8/29/2019	\$390.48	Payment	
11345	W.B. Mason Co., Inc.	W.B. Mason Co., Inc.	927-2	8/29/2019	\$612.67	Payment	
11346	Infiniti Medical Solutions, LLC (Rental)	Infiniti Medical Solutions, LLC (Rental)	928-1	8/30/2019	\$7,584.00	Payment	
11347	Sharps Compliance, Inc.	Sharps Compliance, Inc.	928-2	8/30/2019	\$407.00	Payment	
11348	Mediance	Mediance	928-3	8/30/2019	\$1,400.00	Payment	
11349	Cardmember Service	Cardmember Service	929-1	9/3/2019	\$314.73	Payment	
11350	Orkin Pest Control	Orkin Pest Control	930-1	9/4/2019	\$128.97	Payment	
11351	Windstream (4526)	Windstream (4526)	931-1	9/4/2019	\$2,025.87	Payment	
11352	American Express	American Express	932-1	9/4/2019	\$3,258.94	Payment	
11353	Britney Jackson	Britney Jackson	932-2	9/4/2019	\$210.92	Payment	
11354	Choice for Life Ministry	Choice for Life Ministry	932-3	9/4/2019	\$100.00	Payment	
11355	Cummings Consultants	Cummings Consultants	932-4	9/4/2019	\$3,000.00	Payment	
11356	Donna Jean Foster	Donna Jean Foster	932-5	9/4/2019	\$300.00	Payment	
11357	Lorraine C. Gustin	Lorraine C. Gustin	932-6	9/4/2019	\$213.87	Payment	
11358	Mary-Kate Spring Lee	Mary-Kate Spring Lee	932-7	9/4/2019	\$65.00	Payment	
11359	One Track Entertainment	One Track Entertainment	932-8	9/4/2019	\$175.00	Payment	
11360	Emergency Systems Services Co.	Emergency Systems Services Co.	933-1	9/4/2019	\$2,684.55	Payment	
11361	IntelyCare, Inc	IntelyCare, Inc	934-1	9/5/2019	\$1,732.08	Payment	

Date: Dec 1, 2019  
Time: 11:51:54 ET  
User: Ralph Van

**Fox Subacute at Mechanicsburg**  
**Check Register**  
**8/1/2019 - 10/31/2019**

Page # 4

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
11362	Reinhart Foodservice, L.L.C.	Reinhart Foodservice, L.L.C.	934-2	9/5/2019	\$1,350.89	Payment	
11363	RKL LLP	RKL LLP	935-1	9/5/2019	\$9,000.00	Payment	
11364	ACMA	ACMA	936-1	9/6/2019	\$911.15	Payment	
11364	ACMA	ACMA	68-1	9/6/2019	(\$911.15)	Payment	Reversed
11365	ACMA	ACMA	937-1	9/6/2019	\$750.00	Payment	
11366	Britney Jackson	Britney Jackson	937-2	9/6/2019	\$161.15	Payment	
11367	Tri-Med Medical Supplies, Inc.	Tri-Med Medical Supplies, Inc.	938-1	9/6/2019	\$26,389.87	Payment	
11368	Prothonotary of Blair County	Prothonotary of Blair County	939-1	9/9/2019	\$361.50	Payment	
11368	Prothonotary of Blair County	Prothonotary of Blair County	69-1	9/9/2019	(\$361.50)	Payment	Reversed
11369	Prothonotary of Blair County	Prothonotary of Blair County	940-1	9/9/2019	\$120.50	Payment	
11369	Prothonotary of Blair County	Prothonotary of Blair County	70-3	9/9/2019	(\$120.50)	Payment	Reversed
11370	Prothonotary of Blair County	Prothonotary of Blair County	70-2	9/9/2019	(\$120.50)	Payment	Reversed
11370	Prothonotary of Blair County	Prothonotary of Blair County	941-1	9/9/2019	\$120.50	Payment	
11371	Prothonotary of Blair County	Prothonotary of Blair County	70-1	9/9/2019	(\$120.50)	Payment	Reversed
11371	Prothonotary of Blair County	Prothonotary of Blair County	942-1	9/9/2019	\$120.50	Payment	
11372	Prothonotary of Blair County	Prothonotary of Blair County	943-1	9/9/2019	\$140.50	Payment	
11373	Prothonotary of Blair County	Prothonotary of Blair County	944-1	9/9/2019	\$140.50	Payment	
11374	Prothonotary of Blair County	Prothonotary of Blair County	945-1	9/9/2019	\$140.50	Payment	
11375	Pennsylvania One Call System, Inc.	Pennsylvania One Call System, Inc.	946-1	9/10/2019	\$125.00	Payment	
11376	Trust Ambulance Inc.	Trust Ambulance Inc.	946-2	9/10/2019	\$8,306.70	Payment	
11377	Tyler Robinson	Tyler Robinson	946-3	9/10/2019	\$1,250.00	Payment	
11378	Applied Computer Solutions	Applied Computer Solutions	947-1	9/10/2019	\$658.68	Payment	
11379	Hewlett-Packard Financial Services Co.	Hewlett-Packard Financial Services Co.	947-2	9/10/2019	\$1,233.84	Payment	
11380	Keystone Fire Protection Co.	Keystone Fire Protection Co.	947-3	9/10/2019	\$4,163.68	Payment	

Date: Dec 1, 2019  
Time: 11:51:54 ET  
User: Ralph Van

**Fox Subacute at Mechanicsburg**  
**Check Register**  
**8/1/2019 - 10/31/2019**

Page # 5

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
11381	Dominion Elevator Inspection Services	Dominion Elevator Inspection Services	948-1	9/12/2019	\$200.00	Payment	
11381	Dominion Elevator Inspection Services	Dominion Elevator Inspection Services	71-1	9/12/2019	(\$200.00)	Payment	Reversed
11382	Dominion Elevator Inspection Services	Dominion Elevator Inspection Services	949-1	9/12/2019	\$200.00	Payment	
11383	Delcrest Medical Services, Inc.	Delcrest Medical Services, Inc.	950-1	9/12/2019	\$30,712.81	Payment	
11384	Delcrest Medical Services, Inc. (Lease)	Delcrest Medical Services, Inc. (Lease)	950-2	9/12/2019	\$1,612.01	Payment	
11385	Infiniti Medical Solutions, LLC (Rental)	Infiniti Medical Solutions, LLC (Rental)	951-1	9/13/2019	\$7,584.00	Payment	
11386	IntelyCare, Inc	IntelyCare, Inc	952-1	9/13/2019	\$992.97	Payment	
11387	Reinhart Foodservice, L.L.C.	Reinhart Foodservice, L.L.C.	952-2	9/13/2019	\$1,459.24	Payment	
11388	Verbatim Solutions	Verbatim Solutions	953-1	9/13/2019	\$381.00	Payment	
11389	Balfurd Healthcare & Linen Rentals	Balfurd Healthcare & Linen Rentals	954-1	9/16/2019	\$5,816.33	Payment	
11390	Lackawanna American Insurance Co.	Lackawanna American Insurance Co.	955-1	9/17/2019	\$6,988.97	Payment	
11391	Harrisburg Dairies	Harrisburg Dairies	956-1	9/19/2019	\$375.46	Payment	
11392	IntelyCare, Inc	IntelyCare, Inc	957-1	9/19/2019	\$2,443.76	Payment	
11393	Reinhart Foodservice, L.L.C.	Reinhart Foodservice, L.L.C.	957-2	9/19/2019	\$1,591.11	Payment	
11394	Bank Direct Capital Finance	Bank Direct Capital Finance	958-1	9/19/2019	\$12,589.65	Payment	
11395	Masimo	Masimo	959-1	9/20/2019	\$7,319.75	Payment	
11396	Pennsylvania State Police (20011363)	Pennsylvania State Police (20011363)	960-1	9/23/2019	\$242.00	Payment	
11397	Prothonotary of Blair County	Prothonotary of Blair County	961-1	9/25/2019	\$140.50	Payment	
11398	Richter Healthcare Consultants	Richter Healthcare Consultants	962-1	9/25/2019	\$1,660.00	Payment	



Date: Dec 1, 2019  
Time: 11:51:54 ET  
User: Ralph Van

**Fox Subacute at Mechanicsburg**  
**Check Register**  
**8/1/2019 - 10/31/2019**

Page # 6

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
11399	Waste Management of PA., Inc.	Waste Management of PA., Inc.	962-2	9/25/2019	\$2,024.50	Payment	
11400	Woodlyn Associates LLC	Woodlyn Associates LLC	962-3	9/25/2019	\$2,052.50	Payment	
11401	IntelyCare, Inc	IntelyCare, Inc	963-1	9/26/2019	\$1,528.59	Payment	
11402	Reinhart Foodservice, L.L.C.	Reinhart Foodservice, L.L.C.	963-2	9/26/2019	\$1,588.01	Payment	
11403	Guardian	Guardian	964-1	9/27/2019	\$1,965.86	Payment	
11404	Home Depot Credit Services	Home Depot Credit Services	965-1	9/27/2019	\$495.06	Payment	
11405	Commonwealth of Pennsylvania	Commonwealth of Pennsylvania	966-1	9/27/2019	\$10,500.00	Payment	
11406	Post & Schell, P.C.	Post & Schell, P.C.	967-1	9/27/2019	\$200.00	Payment	
11407	PADONA	PADONA	968-1	9/30/2019	\$10,039.80	Payment	
11408	W.B. Mason Co., Inc.	W.B. Mason Co., Inc.	969-1	10/1/2019	\$938.00	Payment	
11409	Heather Reheard	Heather Reheard	970-1	10/1/2019	\$257.52	Payment	
11410	GNXCOR Inc.	GNXCOR Inc.	971-1	10/2/2019	\$60.22	Payment	
11411	East Coast Food Equipment Inc.	East Coast Food Equipment Inc.	972-1	10/2/2019	\$128.26	Payment	
11412	IntelyCare, Inc	IntelyCare, Inc	973-1	10/3/2019	\$3,077.10	Payment	
11413	Reinhart Foodservice, L.L.C.	Reinhart Foodservice, L.L.C.	973-2	10/3/2019	\$1,153.17	Payment	
11414	Applied Computer Solutions	Applied Computer Solutions	974-1	10/3/2019	\$658.68	Payment	
11415	Choice for Life Ministry	Choice for Life Ministry	974-2	10/3/2019	\$100.00	Payment	
11416	COMCAST (4501)	COMCAST (4501)	974-3	10/3/2019	\$10.00	Payment	
11417	COMCAST (5941)	COMCAST (5941)	974-4	10/3/2019	\$897.92	Payment	
11418	COMCAST (7347)	COMCAST (7347)	974-5	10/3/2019	\$157.87	Payment	
11419	Fire & Life Safety Solutions, LLC	Fire & Life Safety Solutions, LLC	974-6	10/3/2019	\$125.00	Payment	
11420	Harrisburg Dairies	Harrisburg Dairies	974-7	10/3/2019	\$158.13	Payment	
11421	Pitney Bowes Global Financial Svc. LLC	Pitney Bowes Global Financial Svc. LLC	974-8	10/3/2019	\$259.99	Payment	
11422	Donna Jean Foster	Donna Jean Foster	974-9	10/3/2019	\$150.00	Payment	
11423	Windstream (4526)	Windstream (4526)	974-10	10/3/2019	\$1,995.89	Payment	
11424	Alleik Business Systems, Inc.(290 &277)	Alleik Business Systems, Inc.(290 &277)	974-11	10/3/2019	\$353.70	Payment	
11425	COMCAST (3420)	COMCAST (3420)	975-1	10/4/2019	\$247.87	Payment	

Date: Dec 1, 2019  
Time: 11:51:54 ET  
User: Ralph Van

**Fox Subacute at Mechanicsburg**  
**Check Register**  
**8/1/2019 - 10/31/2019**

Page # 7

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
11426	Verizon (450-162-819-0001 29 Y)	Verizon (450-162-819-0001 29 Y)	975-2	10/4/2019	\$123.84	Payment	
11427	American Express	American Express	976-1	10/8/2019	\$4,122.16	Payment	
11428	Fidelity Security Life Insurance Company	Fidelity Security Life Insurance Company	977-1	10/9/2019	\$1,968.70	Payment	
11429	HealthDrive Dental Group	HealthDrive Dental Group	977-2	10/9/2019	\$2,363.00	Payment	
11430	HealthDrive Eye Care Group	HealthDrive Eye Care Group	977-3	10/9/2019	\$778.00	Payment	
11431	HealthDrive Podiatry Group	HealthDrive Podiatry Group	977-4	10/9/2019	\$70.00	Payment	
11432	Orkin Pest Control	Orkin Pest Control	977-5	10/9/2019	\$1,249.74	Payment	
11433	Praxair Distribution, Inc.(Bulk Del.)	Praxair Distribution, Inc.(Bulk Del.)	977-6	10/9/2019	\$7,451.79	Payment	
11434	Praxair Distribution, Inc.(Cylinders)	Praxair Distribution, Inc.(Cylinders)	977-7	10/9/2019	\$4,589.68	Payment	
11435	Sharps Compliance, Inc.	Sharps Compliance, Inc.	977-8	10/9/2019	\$1,369.00	Payment	
11436	IntelyCare, Inc	IntelyCare, Inc	978-1	10/10/2019	\$5,483.42	Payment	
11437	Reinhardt Foodservice, L.L.C.	Reinhardt Foodservice, L.L.C.	978-2	10/10/2019	\$1,557.10	Payment	
11438	Sun Life Financial	Sun Life Financial	979-1	10/10/2019	\$10,243.83	Payment	
11439	Delcrest Medical Services, Inc.	Delcrest Medical Services, Inc.	980-1	10/14/2019	\$43,788.72	Payment	
11440	Delcrest Medical Services, Inc. (Lease)	Delcrest Medical Services, Inc. (Lease)	980-2	10/14/2019	\$1,612.01	Payment	
11441	Bortek Industries, Inc.	Bortek Industries, Inc.	981-1	10/15/2019	\$1,574.55	Payment	
11442	Physician's Mobile X-Ray	Physician's Mobile X-Ray	982-1	10/16/2019	\$10,478.22	Payment	
11443	Tri-Med Medical Supplies, Inc.	Tri-Med Medical Supplies, Inc.	983-1	10/16/2019	\$25,066.24	Payment	
11444	IntelyCare, Inc	IntelyCare, Inc	984-1	10/17/2019	\$3,126.10	Payment	
11445	Reinhardt Foodservice, L.L.C.	Reinhardt Foodservice, L.L.C.	984-2	10/17/2019	\$1,379.03	Payment	
11446	PharMerica	PharMerica	985-1	10/9/2019	\$39,904.00	Payment	

Date: Dec 1, 2019  
Time: 11:51:54 ET  
User: Ralph Van

**Fox Subacute at Mechanicsburg**  
**Check Register**  
**8/1/2019 - 10/31/2019**

Page # 8

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
11447	Lackawanna American Insurance Co.	Lackawanna American Insurance Co.	986-1	10/18/2019	\$15,783.00	Payment	
11448	Bank Direct Capital Finance	Bank Direct Capital Finance	987-1	10/18/2019	\$8,632.42	Payment	
11449	Lackawanna American Insurance Co.	Lackawanna American Insurance Co.	988-1	10/18/2019	\$6,988.97	Payment	
11450	Richter Healthcare Consultants	Richter Healthcare Consultants	989-1	10/21/2019	\$2,840.00	Payment	
11451	Balfurd Healthcare & Linen Rentals	Balfurd Healthcare & Linen Rentals	990-1	10/21/2019	\$7,640.97	Payment	
11452	Pennsylvania State Police (20011363)	Pennsylvania State Police (20011363)	991-1	10/23/2019	\$286.00	Payment	
11453	IntelyCare, Inc	IntelyCare, Inc	992-1	10/24/2019	\$2,953.49	Payment	
11454	Reinhart Foodservice, L.L.C.	Reinhart Foodservice, L.L.C.	992-2	10/24/2019	\$1,350.26	Payment	
11455	Waste Management of PA., Inc.	Waste Management of PA., Inc.	993-1	10/25/2019	\$2,027.69	Payment	
11456	Infiniti Medical Solutions, LLC (Rental)	Infiniti Medical Solutions, LLC (Rental)	994-1	10/25/2019	\$7,584.00	Payment	
11457	David Owens, Petty Cash	David Owens, Petty Cash	995-1	10/28/2019	\$128.18	Payment	
11458	Kim Remetta	Kim Remetta	996-1	10/30/2019	\$58.00	Payment	
11459	Woodlyn Associates LLC	Woodlyn Associates LLC	997-1	10/30/2019	\$3,842.23	Payment	
11460	IntelyCare, Inc	IntelyCare, Inc	998-1	10/31/2019	\$3,699.20	Payment	
11461	Reinhart Foodservice, L.L.C.	Reinhart Foodservice, L.L.C.	998-2	10/31/2019	\$1,275.74	Payment	
11462	W.B. Mason Co., Inc.	W.B. Mason Co., Inc.	999-1	10/31/2019	\$645.36	Payment	
11463	The Sherman Engineering Company	The Sherman Engineering Company	1000-1	10/31/2019	\$11,759.50	Payment	
11464	Trust Ambulance Inc.	Trust Ambulance Inc.	1001-1	10/31/2019	\$12,083.80	Payment	
11465	Trust Ambulance Inc.	Trust Ambulance Inc.	1002-1	10/31/2019	\$12,871.00	Payment	

## Summary

176 check(s) issued

\$623,254.75

0 check(s) voided

\$0.00

Check Register

Date: Dec 1, 2019  
Time: 11:51:54 ET  
User: Ralph Van

**Fox Subacute at Mechanicsburg**  
Check Register  
8/1/2019 - 10/31/2019

7 check(s) reversed	(\$2,508.45)
0 direct payment(s) issued	\$0.00

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	Trinity Pharmacy Services Lehigh Valley, LLC vs. Fox Subacute at Mechanicsburg, LLC, Fox Nursing Home Corp., And Fox Subacute at Clara Burke 2019-C-0153	Collection	Lehigh County Common Pleas 455 W. Hamilton Street Allentown, PA 18101-1614	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	City Floors of York, Inc. vs. Fox Subacute at Mechanicsburg, LLC 2019-SU-2075	Collection	York County Court of Common Pleas 45 N George Street York, PA 17401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Adara Healthcare Staffing, Inc. vs. Fox Subacute at Mechanicsburg 2019-2856	Collection	Blair County Common Pleas 423 Allegheny Street Hollidaysburg, PA 16648	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Adara Healthcare Staffing, Inc. vs. Fox Subacute at Mechanicsburg 2019-2857	Collection	Blair County Common Pleas 423 Allegheny Street Hollidaysburg, PA 16648	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	Adara Healthcare Staffing, Inc. vs. Fox Subacute at Mechanicsburg 2019-2858	Collection	Blair County Common Pleas 423 Allegheny Street Hollidaysburg, PA 16648	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	Adara Healthcare Staffing, Inc. vs. Fox Subacute at Mechanicsburg 2019-3037	Collection	Blair County Common Pleas 423 Allegheny Street Hollidaysburg, PA 16648	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	Service 1st Restoration and Remodeling, LLC v. Fox Subacute at Mechanicsburg, LLC 2019-CV-634-CV	Collection	Dauphin County Court of Common Pleas Front & Market Streets Harrisburg, PA 17101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9.	Prominent Medical Staffing, Inc. v. Fox Subacute at Mechanicsburg, LLC 2019-01462	Collection	Cumberland Common Pleas One Courthouse Square Carlisle, PA 17013	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10	Nsima Umana (Envision Ablaze) v. Fox Subacute at Mechanicsburg, LLC 2019-08994	Collection	Cumberland County Court of Common Pleas 1 Courthouse Square Carlisle, PA 17013	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.11	HSE Staffing Agency, LLC v. Fox Subacute at Mechanicsburg, LLC 2017-08378	Collection	Cumberland County Court of Common Pleas 1 Courthouse Square Carlisle, PA 17013	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.12	Fox Subacute at Mechanicsburg, LLC v. Diane Estep 2015-00608	Collection	Cumberland County Court of Common Pleas 1 Courthouse Square Carlisle, PA 17013	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
Flood damage to basement and equipment	\$17,271.92	09/29/2018	Unknown

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Cunningham, Chernicoff & Warshawsky Po Box 60457 Harrisburg, PA 17106-0457			See Attached
Email or website address			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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Rider to Statement Pursuant to 2016(b)  
Fox Subacute at Mechanicsburg, LLC  
Chapter 11

Debtor has paid \$6,300.00 as a joint retainer with its affiliates, Fox Subacute at Clara Burke, LLC, Fox Subacute at South Philadelphia, LLC and Fox Nursing Home Corp. d/b/a Fox Subacute at Warrington (the “Affiliates”), to Cunningham, Chernicoff & Warshawsky, P.C. and Debtor has paid the filing fee of \$1,717.00. Any retainer will be credited against billings rendered for all services in connection to the within case and related matters. All services will be billed at Cunningham, Chernicoff & Warshawsky, P.C.’s hourly rates then in effect at the time of billing. Upon the retainer being utilized in full, any services not paid by the retainer will be billed to the Debtor at such hourly rates. Any additional billings will be submitted to the Court on Supplemental Statements or Applications as necessary. In the year prior to filing, the Debtor paid Cunningham, Chernicoff & Warshawsky, P.C. \$13,700.00, jointly with its Affiliates, for current services in connection with current financial problems.



**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <b>Fox Subacute at Mechanicsburg, LLC 120 S. Filbert Street Mechanicsburg, PA 17055</b>	<b>Skilled Nursing Facility</b>	<b>49</b>
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <b>120 S. Filbert Street Mechanicsburg, PA 17055</b>	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.  
☒ Yes. State the nature of the information collected and retained.

**Personal Information**  
**Medical History**

Does the debtor have a privacy policy about that information?

☐ No  
☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☐ No. Go to Part 10.  
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.  
☒ Yes. Fill in below:

Name of plan	Employer identification number of the plan
--------------	--------------------------------------------

**Fox Subacute 401(k) Profit Sharing Plan**EIN: **23-2467051**

Has the plan been terminated?

- ☒ No  
☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
----------------------------------------	---------------------------------	-------------------------------	------------------------------------------------------	-----------------------------------------

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
-----------------------------------------	-------------------------------------------	-----------------------------	-----------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title  
Case number

Court or agency name and  
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address		Date of service From-To
26a.1.	Isdaner & Company, LLC Three Bala Plaza Suite 501 West Bala Cynwyd, PA 19004-3484	2005 to present
26a.2.	Ralph Van 955 Troxel Road Lansdale, PA 19446	08/31/1999 to present
26a.3.	Anna Kreszl 7112 Kelly Drive Norristown, PA 19401	09/12/2016 to present
26a.4.	Joseph Van 320 Thomas Drive King of Prussia, PA 19406	09/25/2019 to present
26a.5.	Ivan Hantman 406 Merion Hill Lane Conshohocken, PA 19428	10/04/2018 to present
26a.6.	Veronica Boyd 1620 A Robbins Avenue Philadelphia, PA 19149	01/02/2000 to present
26a.7.	Louise Holland 142 Crossfield Road King of Prussia, PA 19406	12/04/2017 to present

Name and address	Date of service From-To
26a.8. <b>Kathleen Palladino 521 Philadelphia Avenue King of Prussia, PA 19406</b>	<b>08/20/2004 to present</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
------------------	---------------------------------------------------------------------

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. <b>Johnson Kendall &amp; Johnson 109 Pheasant Run Newtown, PA 18940</b>
26d.2. <b>Propel Insurance 1201 Pacific Avenue Suite 1000 Tacoma, WA 98402</b>
26d.3. <b>Walters Appraisal Services 601 North Front Street Harrisburg, PA 17101</b>
26d.4. <b>Pennsylvania Health &amp; Wellness 238 Capitol Building Harrisburg, PA 17120</b>
26d.5. <b>PA Department of Human Services 525 health and Welfare Bulilding Harrisburg, PA 17120</b>

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No  
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---------------------------------------------------------------	-------------------	------------------------------------------------------------------------------

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<b>James F. Foulke</b>	<b>4 Garden Path Doylestown, PA 18901</b>	<b>President</b>	<b>90%</b>

Name	Address	Position and nature of any interest	% of interest, if any
Joseph F. Murray	310 Friendship Drive Paoli, PA 19301	Vice President	5%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No  
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	------------------------------------------------------	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer identification number of the parent corporation

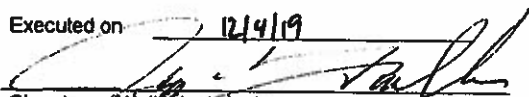
**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/4/19

  
Signature of individual signing on behalf of the debtor

James M. Foulke  
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No  
☐ Yes

**United States Bankruptcy Court**  
**Middle District of Pennsylvania**

In re **Fox Subacute at Mechanicsburg, LLC**

Debtor(s)

Case No. **1:19-bk-04714**Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept _____	\$	<u><b>See Attached</b></u>
Prior to the filing of this statement I have received _____	\$	<u><b>See Attached</b></u>
Balance Due _____	\$	<u><b>See Attached</b></u>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

12/4/19Robert E Chernicoff

Signature of Attorney

Cunningham Chernicoff &amp; Warshawsky, P.C.

2320 North Second Street

Harrisburg, PA 17110

7172386570 Fax: 7172384809

rec@cclawpc.com

Name of law firm

Rider to Statement Pursuant to 2016(b)  
Fox Subacute at Mechanicsburg, LLC  
Chapter 11

Debtor has paid \$6,300.00 as a joint retainer with its affiliates, Fox Subacute at Clara Burke, LLC, Fox Subacute at South Philadelphia, LLC and Fox Nursing Home Corp. d/b/a Fox Subacute at Warrington (the “Affiliates”), to Cunningham, Chernicoff & Warshawsky, P.C. and Debtor has paid the filing fee of \$1,717.00. Any retainer will be credited against billings rendered for all services in connection to the within case and related matters. All services will be billed at Cunningham, Chernicoff & Warshawsky, P.C.’s hourly rates then in effect at the time of billing. Upon the retainer being utilized in full, any services not paid by the retainer will be billed to the Debtor at such hourly rates. Any additional billings will be submitted to the Court on Supplemental Statements or Applications as necessary. In the year prior to filing, the Debtor paid Cunningham, Chernicoff & Warshawsky, P.C. \$13,700.00, jointly with its Affiliates, for current services in connection with current financial problems.

United States Bankruptcy Court  
Middle District of Pennsylvania

In re Fox Subacute at Mechanicsburg, LLC

Debtor(s)

Case No. 1:19-bk-04714

Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date:

12/4/19

  
James M. Foulke/President  
Signer/Title



FOX SUBACUTE AT MECHANICSBURG, INC. 251 STENTON AVENUE PLYMOUTH MEETING, PA 19462-1220	ASCEND HEALTHCARE ASSOCIATES 1100 BENT CREEK BLVD. SUITE 102 MECHANICSBURG, PA 17050	COMCAST P.O. BOX 70219 SOUTHEASTERN, PA 19176-0219
ROBERT E CHERNICOFF CUNNINGHAM CHERNICOFF & WARSHAW 2320 NORTH SECOND STREET HARRISBURG, PA 17110	ASSOCIATED PRODUCTS SERVICES, INC. 250 EAST P. ROAD P.O. BOX 231 MECHANICSBURG, PA 17055	COMMERCIAL REFRIGERATION CO. 7841 WITMER DRIVE HARRISBURG, PA 17111-5403
A VITAL RESPONSE, INC. 1205 S 28TH STREET HARRISBURG, PA 17111	BALFURD HEALTHCARE & LINEN RENTAL CO. 2467 PARK AVENUE P.O. BOX 109 TIPTON, PA 16684-0109	COMMUNITY LIFE TEAM P.O. BOX 8 INDIANA, PA 15701-0008
ADARA HEALTHCARE STAFFING 241 MAPLE HOLLOW ROAD DUNCANSVILLE, PA 16635	BLANCHE LENARD CONSULTING LLC 2225 OVERLOOK DRIVE ASTON, PA 19014-1616	CONCENTRA OCCUPATIONAL HEALTH CTR. P.O. BOX 8750 ELKRIDGE, MD 21075-8750
ALIMED, INC. P.O. BOX 9135 DEDHAM, MA 02027	BORTEK INDUSTRIES, INC. 4713 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055	COZEN "O'CONNOR ONE LIBERTY PLACE 1650 MARKET STREET, SUITE 280 PHILADELPHIA, PA 19103
ALL AMERICAN HEALTHCARE SERVICES 494 BROAD STREET SUITE 302 NEWARK, NJ 07102	CAPITAL HEALTHCARE SOLUTIONS INC. P.O. BOX 799 GLOUCESTER, VA 23061	CREST HEALTHCARE SUPPLY P.O. BOX 727 DASSEL, MN 55325-0727
ALLSCRIPTS HEALTHCARE, LLC 24630 NETWORK PLACE CHICAGO, IL 60673-1246	CARDMEMBER SERVICES P.O. BOX 790408 SAINT LOUIS, MO 63179-0408	CRYSTAL SPRINGS P.O. BOX 660579 DALLAS, TX 75266-0579
ALTEK BUSINESS SYSTEMS INC. P.O. BOX 660831 DALLAS, TX 75266-0831	CARLISLE NEUROCARE 220 WILSON STREET SUITE 210 CARLISLE, PA 17013	CULLIGAN OF MECHANICSBURG 12 WATERFORD DRIVE MECHANICSBURG, PA 17050
AMERICAN EXPRESS P.O. BOX 1270 NEWARK, NJ 07101	CHRISTOPHER FISHER C/O FOX SUBACUTE AT MECHANICSBURG 120 FILBER STREET MECHANICSBURG, PA 17055	CUMMINGS CONSULTANTS 617 NORTH FRONT STREET HARRISBURG, PA 17112
APPLIED COMPUTER SOLUTIONS P.O. BOX 749 SPRING HOUSE, PA 19477	COLORWORKS BY CHANA 2187 RED BARN ROAD FURLONG, PA 18925	D&T MECHANICAL CONTRACTORS 714 AYERS AVENUE P.O. BOX 42 LEMOYNE, PA 17043

DEBRUNNER & ASSOCIATES  
112 WALNUT STREET  
HARRISBURG, PA 17101

FETROW ELECTRIC SERVICE COMPANY  
P.O. BOX 162  
CAMP HILL, PA 17001-0162

GINNIE RUDISILL  
451 MAYWOOD ROAD  
YORK, PA 17402-4153

DELCREST MEDICAL SERVICES, INC  
100 COMMERCE DRIVE  
IVYLAND, PA 18974

FIDELITY SECURITY LIFE INS. CO.  
P.O. BOX 632530  
CINCINNATI, OH 45263

GNXCOR, INC.  
425 HESPELER ROAD  
SUITE 103  
CAMBRIDGE N1R 8J6

DELCREST MEDICAL SERVICES, INC  
(LEASE)  
100 COMMERCE DRIVE  
IVYLAND, PA 18974

FIRST CHOICE MEDICAL SUPPLY  
P.O. BOX 3608  
JACKSON, MS 39207

GUARDIAN  
P.O. BOX 824404  
PHILADELPHIA, PA 19182-4404

DELCREST MEDICAL SERVICES, LLC  
100 COMMERCE DRIVE  
IVYLAND, PA 18974

FLASTER GREENBERG  
1835 MARKET STREET  
SUITE 1050  
PHILADELPHIA, PA 19103

GUERNSEY  
P.O. BOX 61770  
HARRISBURG, PA 17106

DOMINION ELEVATOR INSPECTION SERVICE  
7475 CARLISLE ROAD  
WELLSVILLE, PA 17365

FLEISCHER FLEISCHER & SUGLIA  
FOUR GREENTREE CENTRE, SUITE 305  
601 RT 73 N  
MARLTON, NJ 08053

H&H SERVICE COMPANY INC.  
4510B WESTPORT DRIVE  
MECHANICSBURG, PA 17055

DONNA JEAN FOSTER  
950 FLICKES ROAD  
DILLSBURG, PA 17019

FOLLETT LLC  
P.O. BOX 782806  
PHILADELPHIA, PA 19178-2806

H&R HEALTHCARE LP  
1750 OAK STREET  
LAKEWOOD, NJ 08701

EAST COAS FOOD EQUIPMENT, INC.  
570 INDUSTRIAL DRIVE  
LEWISBERRY, PA 17339

FREDOM MEDICAL INC.  
P.O. BOX 822704  
PHILADELPHIA, PA 19182-2704

H.B. MCCLURE  
P.O. BOX 1745  
HARRISBURG, PA 17105

EAST PENNSBORO AMBULANCE SERVICE  
P.O. BOX 47  
ENOLA, PA 17025

ESA REALTY ASSOCIATES, LLP  
251 STENTON AVENUE  
PHILADELPHIA, PA 19145

HAMPDEN TOWNSHIP EMS  
N 2930 STATE ROAD 22  
WAUTOMA, WI 54982

ELI QURESHI  
20 KEEFER WAY  
MECHANICSBURG, PA 17055

GATTER & DIEHL INC.  
100 WINDING CREEK BLVD.  
MECHANICSBURG, PA 17050

HARRISBURG DAIRIES  
P.O. BOX 2001  
2001 HERR STREET  
HARRISBURG, PA 17105-2001

F HUMMEL & SONS LLC  
112 WOODSIDE DRIVE  
MECHANICSBURG, PA 17055

GEISINGER HOLY SPIRIT  
503 N 21ST STREET  
CAMP HILL, PA 17011

HEALTH SYSTEM SERVICES  
6867 WILLIAMS ROAD  
NIAGARA FALLS, NY 14304-2993

HEATHER QUILES  
1210 POPLAR STREET  
LANGHORNE, PA 19047

INFINITI MEDICAL SOLUTIONS, LLC  
(RENTAL)  
50 RANDOLPH ROAD, SUITE A2  
SOMERSET, NJ 08873

MARLIN BUSINESS BANK  
P.O. BOX 13604  
PHILADELPHIA, PA 19101

HERSHOCKS  
3501 NORTH 6TH STREET  
P.O. BOX 5800  
HARRISBURG, PA 17110

INTEGRATED MEDICAL TRANSPORT LLC  
322 EAST ALLEN ROAD  
SUITE C  
MECHANICSBURG, PA 17055

MARY-KATE SPRING LEE  
1416 REGENCY CIRCLE  
HARRISBURG, PA 17110

HEWLETT PACKARD FINANCIAL SERVICES  
P.O. BOX 402582  
ATLANTA, GA 30384

INTELYCARE, INC.  
1515 HANCOCK STREET  
SUITE 203  
QUINCY, MA 02169

MASIMO  
28932 NETWORK PLACE  
DEPT. 6773  
CHICAGO, IL 60673-1289

HILL-ROM  
P.O. BOX 643592  
PITTSBURGH, PA 15264-3592

JOHNSON CONTROLS  
P.O. BOX 730068  
DALLAS, TX 75373-0068

MATRIXCARE, INC.  
BIN #32  
P.O. BOX 1414  
MINNEAPOLIS, MN 55480-1414

HOLY SPIRIT EMS  
P.O. BOX 983029  
BOSTON, MA 02298-3029

JON PHEASANT  
7790 GUMBORO ROAD  
PITTSVILLE, MD 21850

MCCARTNEY'S MAINTENANCE INC  
P.O. BOX 217  
LEWISBERRY, PA 17339

HOLY SPIRIT HOSPITAL  
503 NORTH 21ST STREET  
CAMP HILL, PA 17011

K&D FACTORY SERVICE  
1833-411 NORTH CAMERON STREET  
HARRISBURG, PA 17103

MECHANICBURG FIRE DEPARTMENT  
P.O. BOX 1233  
MECHANICSBURG, PA 17055

HOLY SPIRIT HOSPITAL - BHC  
503 NORTH 21ST STREET  
CAMP HILL, PA 17011

KCI USA  
P.O. BOX 301557  
DALLAS, TX 75303-1557

MEDLIANCE  
C/O TABULA RASA HEALTHCARE, INC.  
228 STRAWBRIDGE DRIVE, SUITE 10  
MOORESTOWN, NJ 08057

HOME DEPOT CARD SERVICES  
P.O. BOX 9001030  
LOUISVILLE, KY 40290-1030

KEYSTONE FIRE PROTECTION CO.  
433 INDUSTRIAL DRIVE  
NORTH WALES, PA 19454

MILESTONE STAFFING SERVICES  
L3542  
COLUMBUS, OH 43260

HSE STAFFING AGENCY LLC  
5585 BARBARA DRIVE  
MECHANICSBURG, PA 17050

KEYSTONE GUARDIANSHIP SERVICES  
P.O. BOX 804  
ELIZABETHVILLE, PA 17023

MR. ROOTER PLUMBING OF CENTRAL PA  
2 EAST ROAD  
MECHANICSBURG, PA 17050

INFINITI MEDICAL SOLUTIONS, LLC  
50 RANDOLPH ROAD  
SUITE A2  
SOMERSET, NJ 08873

LW CONSULTING INC.  
5925 STEVENSON AVENUE  
SUITE G  
HARRISBURG, PA 17112

MS HERSHEY MEDICAL CENTER  
500 UNIVERSITY DRIVE  
HERSHEY, PA 17033

MURRAY ASSOCIATES ARCHITECTS PC PENNSYLVANIA STATE POLICE  
1600 NORTH SECOND STREET P.O. BOX 62041  
HARRISBURG, PA 17102-2499 HARRISBURG, PA 17106-2041

PROMINENT MEDICAL STAFFING  
219 EAST MAIN STREET  
MECHANICSBURG, PA 17055

NATIONAL SEATING & MOBILITY, INC. PEOPLE'S BANK  
1957 PIONEER ROAD, BUILDING C 3100 MARKET STREET  
HUNTINGDON VALLEY, PA 19006 CAMP HILL, PA 17011-1000

QUALITY MEDICAL GROUP  
50 RANDOLPH ROAD, SUITE A2  
SOMERSET, NJ 08873

NAVIHEALTH PEOPLE'S BANK  
210 WESTWOOD PLACE 3100 MARKET STREET  
SUITE 400 CAMP HILL, PA 17011  
BRENTWOOD, TN 37027

R.F. FAGER CO.  
2058 STATE ROAD  
CAMP HILL, PA 17011

NEWTOWN OFFICE SUPPLY SOLUTIONS PHARMERICA  
31 FRIENDS LANE P.O. BOX 409251  
NEWTOWN, PA 18940 ATLANTA, GA 30384-9251

REINHART FOODSERVICE, LLC  
100 INDUSTRIAL PARK ROAD  
COAL TOWNSHIP, PA 17866

NSIMA UMANA PHCA  
ENVISION ABLAZE HEALTHCARE 315 NORTH SECOND STREET  
208 WEST ALLEN STREET HARRISBURG, PA 17101  
MECHANICSBURG, PA 17055

RELIAS LEARNING, LLC  
P.O. BOX 74008620  
CHICAGO, IL 60674-8620

ONECALL MEDICAL STAFFING INC. PHYSICIANS'S MOBILE X-RAY  
316 EAST 6TH AVENUE 945 EAST PARK DRIVE, SUITE 102  
TARENTUM, PA 15084 HARRISBURG, PA 17111

RICHTER HEALTHCARE CONSULT  
8948 CANYON FALLS BLVD., SUITE 400  
TWINSBURG, OH 44087

OPTIMA HEALTHCARE SOLUTIONS, LLC PINNACLE HEALTH ABC, LLC  
P.O. BOX 531734 PO BOX 829791  
ATLANTA, GA 30353-1734 PHILADELPHIA, PA 19182-9791

SEASONS  
1416 REGENCY CIRCLE  
HARRISBURG, PA 17110

ORKIN PEST CONTROL POINTCLICKCARE  
RATT, INC. 5570 EXPLORER DRIVE  
4450 PAXTON STREET MISSISSAUGA, ON L4W 0C4  
HARRISBURG, PA 17111

SERVICE FIREST RESTORATION &  
REMODELING  
330 EAST PARK DRIVE  
HARRISBURG, PA 17111

PADONA PRAXAIR DISTRIBUTION INC.  
6103 LIBERTY DRIVE (CYLINDERS)  
GROVELAND, FL 34736 2301 SE CREEKVIEW DRIVE  
ANKENY, IA 50021

SHARON GLADFELTER RHIT  
5531 BINO ROAD  
GREENCASTLE, PA 17225

PCA INDUSTRIAL & PAPER SUPPLIES PRAXAIR DISTRIBUTION, INC. (BULK)  
2425 MARYLAND ROAD 2301 SECREEKVIEW DRIVE  
WILLOW GROVE, PA 19090 ANKENY, IA 50021

SHARPS COMPLIANCE, INC.  
P.O. BOX 679502  
DALLAS, TX 75267-9502

SHREDDING SOLUTIONS  
1235 RITNER HIGHWAY  
CARLISLE, PA 17013

TYLER ROBINSON  
2214 WOOD STREET  
LANCASTER, PA 17603

WEST SHORE EMS  
205 GRANDVIEW AVENUE  
SUITE 211  
CAMP HILL, PA 17011-1708

SUN LIFE FINANCIAL  
P.O. BOX 7247-0381  
PHILADELPHIA, PA 19170-0381

UNITED HEALTHCARE  
RECOVERY SERVICES  
P.O. BOX 740804  
ATLANTA, GA 30374

WILLIAM HALLAM, ESQUIRE  
ROSENBERG MARTIN GREENBERLL  
25 SOUTH CHARLES STREET, 215  
BALTIMORE, MD 21201

SWIFTMD  
P.O. BOX 829891  
PHILADELPHIA, PA 19182

UPMC PINNACLE  
PO BOX 826813  
PHILADELPHIA, PA 19182-6813

WILLIAM HALLAM, ESQUIRE  
ROSENBERG MARTIN GREENBERLL  
25 SOUTH CHARLES STREET, 215  
BALTIMORE, MD 21201

TRI-MED MEDICAL SUPPLY, INC.  
4110 BUTLER PIKE, SUITE 106  
PLYMOUTH MEETING, PA 19462

US STANDARD PRODUCTS  
P.O. BOX 668985  
POMPAN0 BEACH, FL 33066

WINDSTREAM  
P.O. BOX 9001013  
LOUISVILLE, KY 40290-1013

TRI-MED RENTALS  
4110 BUTLER PIKE  
SUITE 106  
PLYMOUTH MEETING, PA 19462

VERIZON  
P.O. BOX 28000  
LEHIGH VALLEY, PA 18002

TRIANGLE FIRE PROTECTION  
20 ROADWAY DRIVE  
CARLISLE, PA 17015

VOHRA POST ACUTE CARE PHYSICIANS  
P.O. BOX 742758  
ATLANTA, GA 30374-2758

TRINITY PHARMACY SERVICES, L.V.  
3910 ADLER PLACE  
SUITE 210  
BETHLEHEM, PA 18017

W.B. MASON CO., INC.  
P.O. BOX 981101  
BOSTON, MA 02298-1101

TRINITY PHARMACY SERVICES, L.V.  
(NOTE)  
3910 ADLER PLACE, SUITE 210  
BETHLEHEM, PA 18017

WASTE MANAGEMENT OF PA, INC.  
P.O. BOX 13648  
PHILADELPHIA, PA 19101-3648

TRUST AMBULANCE INC  
1131 PRIMROSE AVENUE  
CAMP HILL, PA 17011

WELCH ALLYN INC.  
P.O. BOX 73040  
CHICAGO, IL 60673-7040

TYCO INTEGRATED SERCURITY LLC  
P.O. BOX 371967  
PITTSBURGH, PA 15250

WELLSPAN HEALTH  
P.O. BOX 550  
MOUNT GRETN0, PA 17064